

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715641

FILED
Jan 10, 2017
Secretary of State
CC0069509655

Entity Name: HEART OF FLORIDA LEGAL AID SOCIETY, INC.

Current Principal Place of Business:

550 EAST DAVIDSON STREET
BARTOW, FL 33830

Current Mailing Address:

550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

FEI Number: 59-6215748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TAMARA M
550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAMARA M. WILLIAMS

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MEEKS, KAREN I
Address POST OFFICE BOX 1598
City-State-Zip: BARTOW FL 33831

Title DIRECTOR
Name ROSEN, ROBERT
Address 255 N BROADWAY AVENUE
City-State-Zip: BARTOW FL 33830-3912

Title PRESIDENT
Name GLOSSICK, JOE
Address 3668 JOSHUA LANE
City-State-Zip: LAKELAND FL 33812

Title SECRETARY/TREASURER
Name TRAWEEK, AMANDA
Address POST OFFICE BOX 9000, DRAWER J149
City-State-Zip: BARTOW FL 33831

Title DIRECTOR
Name WHITLOCK, KATHY
Address 430 SOUTH COMMERCE AVENUE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name BRETT, PATRICK
Address 955 S FLORIDA AVENUE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name TWYFORD, WILLIAM H.
Address POST OFFICE BOX 411
City-State-Zip: WINTER HAVEN FL 33882-0411

Title CEO
Name WILLIAMS, TAMARA M
Address 550 E DAVIDSON STREET
City-State-Zip: BARTOW FL 33830

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMARA M. WILLIAMS

EXECUTIVE DIRECTOR

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DAVIS, SONYA
Address 140 2ND STREET NW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name BERTOLLI, FERNANDO
Address 5TH VILLAGE BLVD.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name SCHILLING, KARL
Address 725 GOLF COURSE PARKWAY
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name NACRELLI, MICHAEL IV
Address 5115 NORTH SOCRUM LOOP ROAD
APT. 463
City-State-Zip: LAKELAND FL 33809

Title DIRECTOR
Name HAYES, JENNIFER
Address 2733 HIGHLAND VUE PARKWAY
City-State-Zip: LAKELAND FL 33812

Title DIRECTOR
Name SIMMONS, VEREUCH
Address 5115 SOCRUM LOOP ROAD
APT. 326
City-State-Zip: LAKELAND FL 33809