

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715641

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC7560562233**

**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:** Yes

**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

02/03/2016

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

CEO

02/03/2016

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