2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008685

Entity Name: LEGAL AID EDUCATIONAL AND SUPPORTIVE SERVICES, INC.

FILED Feb 03, 2021 Secretary of State 7509039359CC

Current Principal Place of Business:

122 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32801

Current Mailing Address:

122 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32801 US

FEI Number: 27-2436143 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

UCC FILING AND SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BOULEVARD, SUITE 100 TALLAHASSEE, FL 32309 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:

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name HAMILTON-SMITH, CYNTHIA Name COLOMBO, JOSEPH

Address 417 E 2ND STREET Address 2020 W EAU GALLIE BLVD

SUITE 106

City-State-Zip: SANFORD FL 32771

City-State-Zip: MELBOURNE FL 32935

Title VP Title DIRECTOR
Name AKIN, SHERRI

Address 600 W. NEW YORK AVENUE Name MASON, JOSEPH
Address Address 101 S. MAIN ST.

City-State-Zip: DELAND FL 32720 City-State-Zip: BROOKSVILLE FL 34601

Title TREASURER

Title DIRECTOR

 Name
 ARGENTO, JAMES
 Name
 MILLER, MELISSA

 Address
 550 W. MAIN STREET
 Address
 5001 ST. JOHNS AVE.

 City-State-Zip:
 TAVARES FL 32778
 City-State Zip:
 DALATICA FL 32477

Sity-State-Zip: TAVARES FL 32178 City-State-Zip: PALATKA FL 32177

Title PRESIDENT Title DIRECTOR

Name ROSS ANDINO, KEVIN Name PARRISH, CHRISTINE

Address 307 CRANES ROOST BLVD

ress 307 CRANES ROOST BLVD Address 9815 BUCKHEAD COURT SUITE 2010

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: WINDERMERE FL 34786

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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: JEFFREY D. HARVEY, ESQ. CEO

Electronic Signature of Signing Officer/Director Detail

02/03/2021

Date

Date

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

GARBUTT, EUNICE Name Name THACKER DORN, CELIA Address 128 ORANGE AVENUE Address 101 CHURCH STREET SUITE 300

KISSIMMEE FL 34741 City-State-Zip: City-State-Zip: DAYTONA BEACH FL 32114

Title **DIRECTOR** Title DIRECTOR VICKERS, WYNN

Name ORTIZ, ANDREA 110 NW 1ST AVENUE Address

Name

Address 37 N ORANGE AVENUE SUITE 5000

SUITE 500 OCALA FL 34475 City-State-Zip: ORLANDO FL 32801 City-State-Zip:

Title **DIRECTOR** Title **SECRETARY** RENTZ, CARRIE Name OWENS, SCOTT Name Address P.O. BOX 1113

Address 7180 SUMMIT DRIVE

City-State-Zip: WINTER PARK FL 32790 City-State-Zip: WINTER HAVEN FL 33884

Title **DIRECTOR** Title DIRECTOR Name NIX, SAKEENA

Name O'BERRY, TARNECIA Address 122 E. COLONIAL DRIVE

Address 122 E. COLONIAL DRIVE SUITE 200

SUITE 200

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title CEO **DIRECTOR** Title

Name HARVEY, JEFFREY Name BROWN, CASSANDRA

Address 122 E. COLONIAL DRIVE Address 122 E. COLONIAL DRIVE SUITE 200

SUITE 200

ORLANDO FL 32801 City-State-Zip: City-State-Zip: ORLANDO FL 32801