#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008685

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

FILED
Apr 02, 2019
Secretary of State
9108348151CC

# **Current Principal Place of Business:**

128 ORANGE AVENUE SUITE 300

DAYTONA BEACH, FL 32114

### **Current Mailing Address:**

444 SEABREEZE BLVD. SUITE 150

DAYTONA BEACH, FL 32118 US

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

## Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name HAMILTON-SMITH, CYNTHIA Name RUDNITSKY, TARAS

Address 417 E 2ND STREET Address 3383 OAKMONT TERRACE
City-State-Zip: SANFORD FL 32771 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title CEO

Name COLOMBO, JOSEPH Name SANCHEZ, KIMBERLY
Address 2020 W EAU GALLIE BLVD Address 128 ORANGE AVENUE

SUITE 106 SUITE 300

City-State-Zip: MELBOURNE FL 32935 City-State-Zip: DAYTONA BEACH FL 32114

TitleDIRECTORTitleTREASURERNameHURST MILLER, KATHERINENameAKIN, SHERRI

Address 340 N. CAUSEWAY Address 101 N. WOODLAND BLVD.

SUITE 212

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: DELAND FL 32720

Title DIRECTOR Title DIRECTOR

 Name
 MASON, JOSEPH
 Name
 ARGENTO, JAMES

 Address
 101 S. MAIN ST.
 Address
 550 W. MAIN STREET

 City-State-Zip:
 BROOKSVILLE FL 34601
 City State Zip: TAVARES FL 32779

State-Zip. BROOKSVILLE FL 34601 City-State-Zip: TAVARES FL 32778

### Continues on page 2

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: KIMBERLY SANCHEZ CEO 04/02/2019

### Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR

Name MILLER, MELISSA Name HUNTER STORY, MAX Address 5001 ST. JOHNS AVE. Address 328 2ND AVE. NORTH

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: PALATKA FL 32177

Title

DIRECTOR

Title

Name ELKIN, BARRY Name WASYLIK, MICHAEL

Address 12515 SPRING HILL DR. Address P. O. BOX 2245

City-State-Zip: SPRING HILL FL 34609 City-State-Zip: DADE CITY FL 33526

Title **DIRECTOR** Title **DIRECTOR** 

ROSS ANDINO, KEVIN Name Name CHANNELL, WARREN

Address 2180 SR 434 Address 160 S. MAIN ST. **SUITE 2100** 

City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip: LONGWOOD FL 32779

Title **PRESIDENT** Title **DIRECTOR** 

Name PARRISH, CHRISTINE Name GARBUTT, EUNICE Address 9815 BUCKHEAD COURT Address 128 ORANGE AVENUE

SUITE 300 City-State-Zip: WINDERMERE FL 34786

City-State-Zip: DAYTONA BEACH FL 32114 Title **DIRECTOR** 

Title **DIRECTOR** Name ARCHER, TANGIE

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

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

Title DIRECTOR Title **DIRECTOR** ORTIZ, ANDREA Name Name SMITH, WYNN

37 N ORANGE AVENUE Address Address 110 NW 1ST AVENUE

SUITE 500 **SUITE 5000** 

ORLANDO FL 32801

City-State-Zip: City-State-Zip: OCALA FL 34475

**DIRECTOR** Title Title DIRECTOR Name OWENS, SCOTT

Name SOMERS, DIANA

Address 2488 E MICHIGAN STREET Address 14272 NICKELODEON STREET

City-State-Zip: ORLANDO FL 32806 City-State-Zip: BROOKSVILLE FL 34613