

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005097

**Entity Name:** FLORIDA CIVIL LEGAL AID ASSOCIATION, INC.

**Current Principal Place of Business:**

14260 W NEWBERRY RD #412  
NEWBERRY, FL 32669

**Current Mailing Address:**

PO BOX 533986  
ORLANDO, FL 32853 US

**FEI Number: 84-2186278**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, CHRISTOPHER M  
14260 W NEWBERRY RD #412  
NEWBERRY, FL 32669 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            PRESIDENT  
Name            VIGUES-PITAN, MONICA ESQ.  
Address        4343 WEST FLAGLER ST. SUITE 100  
City-State-Zip: MIAMI FL 33134

Title            VP  
Name            POWELL-BOUDREAUX, LESLIE ESQ.  
Address        2119 DELTA BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

Title            TREASURER  
Name            JONES, CHRISTOPHER M. ESQ.  
Address        PO BOX 533986  
City-State-Zip: ORLANDO FL 32853

Title            OTHER  
Name            HARRADINE, LINDA ESQ.  
Address        1900 MAIN STREET, SUITE 302  
City-State-Zip: SARASOTA FL 34236

Title            SECRETARY  
Name            BARBER, BETHANIE ANJEL  
Address        100 E ROBINSON ST  
City-State-Zip: ORLANDO FL 32801-1602

*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: CHRISTOPHER M. JONES**

**TREASURER**

**03/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date