

**2024 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 OFFICER  
Name VIGUES-PITAN, MONICA ESQ.  
Address 4343 WEST FLAGLER ST. SUITE 100  
City-State-Zip: MIAMI FL 33134

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

Title SECRETARY  
Name MACRAE, DONNA ESQ.  
Address 1000 NE 16TH AVE.  
BUILDING I  
City-State-Zip: GAINESVILLE FL 32601-4541

*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**

**ATTORNEY AT LAW**

**04/28/2024**

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

\_\_\_\_\_  
Date