

2023 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
Address 100 E ROBINSON ST
City-State-Zip: ORLANDO FL 32801-1602

Title SECRETARY
Name WISZ, WALTER ANTHONY
Address 1000 NE 16TH AVE
BUILDING I
City-State-Zip: GAINESVILLE FL 32601

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

05/03/2023

Electronic Signature of Signing Officer/Director Detail

Date