## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005097

Entity Name: FLORIDA CIVIL LEGAL AID ASSOCIATION, INC.

FILED Apr 24, 2020 Secretary of State 0836688939CC

## **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: Yes

## 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 Title OTHER

Name VIGUES-PITAN, MONICA ESQ. Name POWELL-BOUDREAUX, LESLIE ESQ.

Address 4343 WEST FLAGLER ST. SUITE 100 Address 2119 DELTA BLVD.

City-State-Zip: MIAMI FL 33134 City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY Title TREASURER

Name LARSON, CHRISTINE ESQ. Name JONES, CHRISTOPHER M. ESQ.

Address 1000 NE 16TH AVE., BUILDING 1 Address PO BOX 533986

City-State-Zip: GAINESVILLE FL 32601 City-State-Zip: ORLANDO FL 32853

Title OTHER

Name HARRADINE, LINDA ESQ.
Address 1900 MAIN STREET, SUITE 302

City-State-Zip: SARASOTA FL 34236

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

Electronic Signature of Signing Officer/Director Detail

04/24/2020 Date