

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34677

Entity Name: COMMUNITY LAW PROGRAM, INC.**Current Principal Place of Business:**501 1ST AVENUE NORTH
SUITE 519
SAINT PETERSBURG, FL 33701**Current Mailing Address:**501 1ST AVENUE NORTH
SUITE 519
SAINT PETERSBURG, FL 33701 US**FEI Number:** 59-2970727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST PETERSBURG BAR ASSOCIATION
10 - 5TH STREET NORTH
SUITE 100
ST PETERSBURG, FL 33701 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	VP
Name	PERRIGUE, LINDA
Address	16100 SECOND STREET EAST
City-State-Zip:	REDINGTON BEACH FL 33708

Title	S/D
Name	KRAVITZ, JOVITA
Address	P.O. BOX 83
City-State-Zip:	SAINT PETERSBURG FL 33731

Title	DIRECTOR
Name	SAMIS, SCOT ESQ.
Address	360 CENTRAL AVENUE, SUITE 1000
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	T/D
Name	ROBINSON, PATTY
Address	655 BELCHER AVENUE SOUTH
City-State-Zip:	CLEARWATER FL 33764

Title	D
Name	JOHNSON, CAROL ESQ
Address	P.O. BOX 47306
City-State-Zip:	ST. PETERSBURG FL 33743

Title	PRESIDENT
Name	DICKSON, V. JAMES ESQ.
Address	150 - 2ND AVENUE NORTH SUITE 1700
City-State-Zip:	ST. PETERSBURG FL 33701

Title	EXECUTIVE DIRECTOR
Name	RODGERS, KIMBERLY L
Address	501 FIRST AVENUE NORTH SUITE 519
City-State-Zip:	ST. PETERSBURG FL 33701

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 RODGERS**EXECUTIVE DIRECTOR****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date