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Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719708** (0)

1. Corporation Name

LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.



Principal Place of Business	Mailing Address
423 FERN STREET SUITE 200 WEST PALM BEACH FL 33401 US	423 FERN ST SUITE 200 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified	11/18/1970
4. FEI Number	59-6046994
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERTISCH, ROBERT A. 423 FERN STREET, SUITE 200 WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T
NAME	KINGCADE, THOMAS	1.2 NAME	ROBERT SHALNOUB
STREET ADDRESS	209 S. OLIVE AVENUE	1.3 STREET ADDRESS	250 AUSTRALIAN AVENUE, #1107
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D	2.1 TITLE	S
NAME	BONE, WILLIAM D.	2.2 NAME	JANE KREUSLER-WALSH
STREET ADDRESS	515 NORTH FLAGLER DR.	2.3 STREET ADDRESS	501 S. FLAGLER DR, #503
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP	3.1 TITLE	P
NAME	ACKERMAN, DAVID	3.2 NAME	
STREET ADDRESS	777 S FLAGLER DRIVE #500E	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	D
NAME	BABB, KEITH	4.2 NAME	
STREET ADDRESS	208 W 6TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHAOKEE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	VP
NAME	VISCOMI, MICHAEL	5.2 NAME	
STREET ADDRESS	1855 PALM BEACH LAKES BLVD #1012	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	DIRECTOR
NAME	CASEY, PATRICK	6.2 NAME	
STREET ADDRESS	515 N FLAGLER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (561) 218 99 655 8944

CR2E037 (10/97)