

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712480 (3)

1. Corporation Name
LEE COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business Mailing Address
2423 FIRST STR FT MYERS FL 33901 US
PO BOX 9205 FT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1967** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-1163686** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HILL, ROBERT
2431-33 FIRST STR
FT MYERS FL 33901**

10. Name and Address of New Registered Agent
81 Name **GEORGE KNOTT**
82 Street Address (P.O. Box Number is Not Acceptable) **1625 HENDRY ST**
83
84 City **FT MYERS** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *George H. Knott* DATE **X 3-8-95**

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	ADAMS, ELISABETH
STREET ADDRESS	1520 POINSETTIA AVE
CITY- ST- ZIP	FT MYERS, FL 00000
TITLE	DP
NAME	KNOTT, GEORGE
STREET ADDRESS	1625 HENDRY ST.
CITY- ST- ZIP	FT. MYERS FL
TITLE	D
NAME	HILL, ROBERT
STREET ADDRESS	2431-33 FIRST STR
CITY- ST- ZIP	FT. MYERS FL
TITLE	DT
NAME	HAMEL JR., ARTHUR
STREET ADDRESS	%2000 MAIN STR, STE 402, BARNETT BANK CTR
CITY- ST- ZIP	FT MYERS FL
TITLE	SD
NAME	STREYFFELER, KURT
STREET ADDRESS	3440 MARINATOWN LN #203
CITY- ST- ZIP	N FORT MYERS FL
TITLE	D
NAME	FRIED, LINDA
STREET ADDRESS	2524 E. FIRST STREET
CITY- ST- ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELETE
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George H. Knott* DATE: **3-8-95** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **George H. Knott** DATE: **3-8-95** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **334-2722**