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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 712480 (3)
1. Corporation Name

LEE COUNTY LEGAL AID SOCIETY, INC.



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

3. Date Incorporated or Qualified 03/27/1967
3a. Date of Last Report 02/28/1996

2. Principal Place of Business 2a. Mailing Address
21 2254 McGregor Blvd. 26

4. FEI Number 59-1163686
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 Fort Myers, Fl 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 33901 25 USA 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOTT, GEORGE
1625 HENDRY ST
FT MYERS FL 33901

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ELISABETH	
STREET ADDRESS	1520 POINSETTIA AVE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KNOTT, GEORGE	
STREET ADDRESS	1625 HENDRY ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STREYFFELER, KURT	
STREET ADDRESS	3440 MARINATOWN LN #203	
CITY-ST-ZIP	N FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathleen McBride	
1.3 STREET ADDRESS	12800 University Drive	
1.4 CITY-ST-ZIP	Fort Myers, Fl 33906	
2.1 TITLE	Director-Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gloria Fassett	
2.3 STREET ADDRESS	c/o John B. Fassett	
2.4 CITY-ST-ZIP	4560 Via Royale, Fort Myers, FL 33915	
3.1 TITLE	Director-Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roxanne Hino	
3.3 STREET ADDRESS	Guardian Ad Litem Office	
3.4 CITY-ST-ZIP	1700 Monroe Street Fort Myers, FL 33901	
4.1 TITLE	Director-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miguel Fernandez	
4.3 STREET ADDRESS	2526 Second Street	
4.4 CITY-ST-ZIP	Fort Myers, Fl 33901	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

Gloria A. Fassett

CR2E037 (9/96)