


FILE NOW: FILING FEE IS \$61.25

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May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2254 MCGREGOR BLVD FT MYERS FL 33901 US  
Mailing Address: PO BOX 8205 FT MYERS FL 33902 US

3. Date Incorporated or Qualified: 03/27/1967  
4. FEI Number: 59-1163686  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KNOTT, GEORGE 1825 HENDRY ST FT MYERS FL 33901

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	MOBRIDE, KATHLEEN 12900 UNIVERSITY DRIVE FT MYERS, FL 08000	<input checked="" type="checkbox"/> DELETE	
TITLE: DVP	RASSETT, GLORIA 4580 VIA ROYALE FT MYERS FL	<input type="checkbox"/> DELETE	
TITLE: SD	HINO, ROXANNE 1700 MONROE ST/GUARDIAN AD LITEM OFFICE FT MYERS FL	<input type="checkbox"/> DELETE	
TITLE: DT	PERNADEZ, MIGUEL 8528 SECOND STREET FT MYERS FL	<input checked="" type="checkbox"/> DELETE	
TITLE: [Blank]	[Blank]	<input type="checkbox"/> DELETE	
TITLE: [Blank]	[Blank]	<input type="checkbox"/> DELETE	

1.1 TITLE	DP Miguel Fernandez, Miguel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1481 Lee Street	
1.3 STREET ADDRESS	Pt. Myers, FL 33901	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DT Bergermann, Vera	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2222 Second St.	
4.3 STREET ADDRESS	Pt Myers, FL 33901	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E037 (10/97)