

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# 712480

Entity Name: LEE COUNTY LEGAL AID SOCIETY, INC.

Current Principal Place of Business:

2211 PECK STREET
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9205
FT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1163686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MIQUEL
1401 LEE ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

KANTOR, MARIANNE
P.O. BOX 50427
FORT MYERS, FL 33994 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: MARIANNE KANTOR 04/26/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FERNANDEZ, M
Address: 1401 LEE ST
City-St-Zip: FT MYERS, FL 33901

Title: DVP () Delete
Name: FASSETT, GLORIA
Address: 1040 NORTH TOWN & RIVER DR
City-St-Zip: FORT MYERS, FL 33919

Title: SDTD (X) Delete
Name: SELL, ANN
Address: 8192 COLLEGE PKWY., STE. A-11
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KANTOR, MARIANNE
Address: P.O. BOX 50427
City-St-Zip: FORT MYERS, FL 33994 US

Title: VP (X) Change () Addition
Name: SELL, ANN
Address: 1342 COLONIAL BLVD., BLDG. C-21
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIANNE KANTOR DP 04/26/2004
Electronic Signature of Signing Officer or Director Date