FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:35

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1970
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-6046994 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERTISCH, ROBERT A.
423 FERN STREET, SUITE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	KINGCADE, THOMAS	1.2 NAME	
STREET ADDRESS	324 DATURA STREET #130	1.3 STREET ADDRESS	209 S. OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	T	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BONE, WILLIAM D.	2.2 NAME	
STREET ADDRESS	515 NORTH FLAGLER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HOOKS, M. B.	3.2 NAME	
STREET ADDRESS	2161 P B LKS BLVD ST 308	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	LEVINE, SUSAN	4.2 NAME	ARNOLD, CLAIRE
STREET ADDRESS	6736 HATTERAS DR.	4.3 STREET ADDRESS	2815 S. SEACREST BLVD
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D	5.1 TITLE	VP ☒ Change ☐ Addition
NAME	WROBLE, ARTHUR G.	5.2 NAME	
STREET ADDRESS	1010 10TH AVE. NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	T ☒ Change ☐ Addition
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 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)(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: Robert A. Bertisch 1.18.95 (407) 655-8944
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0047680