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Mar 13 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 # 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 33401-5817 US

3. Date Incorporated or Qualified: 11/18/1970
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

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

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

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

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 _____ 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KINGCADE, THOMAS		1.2 NAME	
STREET ADDRESS	209 S. OLIVE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ACKERMAN, DAVID		3.2 NAME	
STREET ADDRESS	777 S FLAGLER DRIVE #500E		3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BABB, KEITH		4.2 NAME	
STREET ADDRESS	298 W 6TH TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHAOKEE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VISCOMI, MICHAEL		5.2 NAME	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD #1012		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ 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	

CR2E037 (9/96)

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.

SIGNATURE: [signature] 3.5.97 655 8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038025