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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719708

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/18/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6046994 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☐ 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	D	☐ 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	VP	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	VISCOMI, MICHAEL		5.2 NAME	TROCA, RAFAEL	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD #1012		5.3 STREET ADDRESS	505 S. FLAGLER DR., #1400	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #