2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# 719708

Entity Name: LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

423 FERN ST
SUITE 200
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-6046994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERTISCH, ROBERT A ESQ.
423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 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: ROBERT A. BERTISCH 01/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T/D ( ) Delete
Name: BEER, JERALD S
Address: 515 NORTH FLAGLER DRIVE, SUITE 1900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P/D ( ) Delete
Name: SHALHOUB, ROBERT M
Address: 1011 NORTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP/D ( ) Delete
Name: GARY, WOODFIELD
Address: ONE NORTH CLEMATIS STREET; SUITE 400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S/D ( ) Delete
Name: JOYCE, CONWAY
Address: 2909 CAFFIA WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: COATES, HOWARD K JR
Address: THE PLAZA 5355 TOWN CENTER ROAD; STE 900
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: BURNS, PATIENCE
Address: 1601 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT M.W. SHALHOUB P/D 01/26/2005
Electronic Signature of Signing Officer or Director Date