

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 719708	
1. Entity Name LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.	

Principal Place of Business 423 FERN STREET SUITE 200 WEST PALM BEACH, FL 33401 US	Mailing Address 423 FERN ST SUITE 200 WEST PALM BEACH, FL 33401 US
---	---



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

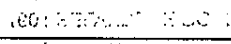
4. FEI Number 59-6046994	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

(Trust Fund Contribution)

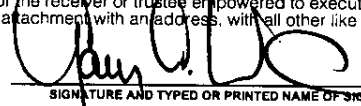
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BEER, JERALD S 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOODFIELD, GARY ONE NORTH CLEMATIS STREET, SUITE 400 PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GARCIA, MARIANO 2328 10TH AVENUE NORTH, SUITE 600 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ACOSTA-CASTRIZ, MIRIAM 1201 U.S. HIGHWAY 1, SUITE 205 NORTH PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, HOWARD K JR THE PLAZA 5355 TOWN CENTER ROAD, STE 900 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, PATIENCE 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

U000006493861
03/07/07-80047-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GARY WOODFIELD** Date: **1/20/07** (561) 655-8944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR