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

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/07/07-80047-003 61.25

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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 1/20/07 (561)655-8944
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #