
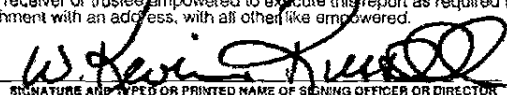


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 729184 1. Entity Name LEGAL SERVICES OF THE CHARLOTTE COUNTY BAR ASSOCIATION, INC.		
Principal Place of Business 350 E. MARION AVENUE PUNTA GORDA, FL 33950 US	Mailing Address 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948 US	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01082004 No Chg-NP CR2E037 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 59-1925514 </div> <div style="width: 35%; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent RUSSELL, W. KEVIN 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by May 1, 2004 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSEL, W. KEVIN 18501 MURDOCK CIRCLE, 6TH FLOOR PORT CHARLOTTE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, WARREN 223 TAYLOR STREET PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, JASON 2315 AARON STREET PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MICHAEL M 18501 MURDOCK CIRCLE, STE. 101 PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> 1/12/04 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> 941-625-0700 <small>Daytime Phone #</small> </div> </div>		

UN0000006314
01/16/04-80031-001 61.25