

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90029 037 \*\*\*\*61.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**14295 S. Tamiami Trail**  
Suite, Apt. #, etc.

City & State  
**North Port, FL**

Zip  
**34287**

Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1925514**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RUSSELL, W. KEVIN  
18501 MURDOCK CIRCLE  
6TH FLOOR  
PORT CHARLOTTE, FL 33948**

**7. Name and Address of New Registered Agent**

Name  
**W. Kevin Russell**

Street Address (P.O. Box Number is Not Acceptable)  
**14295 S. Tamiami Trail**

City  
**North Port**

FL Zip Code  
**34287**

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)

**4/5/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD** ☐ Delete

NAME  
**RUSSELL, W. KEVIN**

STREET ADDRESS  
**18501 MURDOCK CIRCLE, 6TH FLOOR**

CITY-ST-ZIP  
**PORT CHARLOTTE, FL 33948**

TITLE  
**VD** ☐ Delete

NAME  
**ROSS, WARREN**

STREET ADDRESS  
**990 W. MARION AVENUE, SUITE 201**

CITY-ST-ZIP  
**PUNTA GORDA, FL 33950**

TITLE  
**SD** ☐ Delete

NAME  
**LUCAS, JASON**

STREET ADDRESS  
**17825 MURDOCK CIRCLE, SUITE B**

CITY-ST-ZIP  
**PORT CHARLOTTE, FL 33948**

TITLE  
**TD** ☒ Delete

NAME  
**WILSON, MICHAEL M**

STREET ADDRESS  
**18501 MURDOCK CIRCLE, STE. 101**

CITY-ST-ZIP  
**PORT CHARLOTTE, FL 33952**

TITLE  
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
**PD** ☐ Change ☐ Addition

NAME  
**Russell, W. Kevin**

STREET ADDRESS  
**14295 S. Tamiami Trail**

CITY-ST-ZIP  
**North Port, FL 34287**

TITLE  
**VD** ☐ Change ☐ Addition

NAME  
**Ross, Warren**

STREET ADDRESS  
**990 W. Marion Avenue, Suite 201**

CITY-ST-ZIP  
**Punta Gorda, FL 33950**

TITLE  
**SD** ☐ Change ☐ Addition

NAME  
**Lucas, Jason**

STREET ADDRESS  
**17825 Murdock Circle, Suite B**

CITY-ST-ZIP  
**Port Charlotte, FL 33948**

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/06**  
Date

**941-429-1871**  
Daytime Phone #