


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **730845** (5)

1. Corporation Name

LAKE COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business

1500 EAST ORANGE AVENUE
EUSTIS FL 32726

Mailing Address

1500 EAST ORANGE AVENUE
EUSTIS FL 32726



3. Date Incorporated or Qualified

10/02/1974

4. FEI Number

59-1615080

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

25

29

30

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number Is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SEWELL, STEPHEN G
STREET ADDRESS 907 WEBSTER STREET
CITY-ST-ZIP LEESBURG, FL 0

TITLE SD ☐ DELETE

NAME WATSON, RONALD H
STREET ADDRESS 1500 E ORANGE AVE
CITY-ST-ZIP EUSTIS, FL 0

TITLE TD ☐ DELETE

NAME RAY, JEFFERSON G, III
STREET ADDRESS 851 N DONNELLY STREET
CITY-ST-ZIP MT DORA, FL 0

TITLE D ☐ DELETE

NAME ROBUCK, H D, JR
STREET ADDRESS 610 EAST MAIN STREET
CITY-ST-ZIP LEESBURG FL

TITLE VD ☐ DELETE

NAME DUGGAN, J ROBERT
STREET ADDRESS 1029 W. MAGNOLIA
CITY-ST-ZIP LEESBURG, FL 0

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5 88 752257-2832

CR2E037 (10/97)