


FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90011 030 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730845

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/02/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1615080	
24 Country		30 Country		5. Certificate of Status Desired	
25		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, RONALD H
1500 EAST ORANGE AVE.
EUSTIS FL 32726

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEWELL, STEPHEN G	1.1 TITLE	10/02/1974
NAME	907 WEBSTER STREET	1.2 NAME	
STREET ADDRESS	LEESBURG, FL 0	1.3 STREET ADDRESS	59-1615080
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD WATSON, RONALD H	2.1 TITLE	
NAME	1500 E ORANGE AVE	2.2 NAME	
STREET ADDRESS	EUSTIS, FL 0	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD RAY, JEFFERSON G, III	3.1 TITLE	
NAME	851 N. DONNELLY STREET	3.2 NAME	
STREET ADDRESS	MT. DORA, FL 0	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ROBUCK, H D, JR	4.1 TITLE	
NAME	610 EAST MAIN STREET	4.2 NAME	
STREET ADDRESS	LEESBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD DUGGAN, J ROBERT	5.1 TITLE	
NAME	1029 W. MAGNOLIA	5.2 NAME	
STREET ADDRESS	LEESBURG, FL 0	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SEWELL, STEPHEN G	6.1 TITLE	
NAME	907 WEBSTER STREET	6.2 NAME	
STREET ADDRESS	LEESBURG, FL 0	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 352-357-2432