

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 730845

1. Entity 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**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1615080

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U000000088682
03/15/04-80060-019 61.25

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WATSON, RONALD H
1500 E ORANGE AVE
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RAY, JEFFERSON G, III
2023 N. DONNELLY ST
MOUNT DORA, FL 32757**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #