2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 730845

1. Entity Name
LAKE COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business	Mailing Address
1500 EAST ORANGE AVENUE EUSTIS, FL 32726	1500 EAST ORANGE AVENUE EUSTIS, FL 32726

01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1615080
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (REQUIRED when changing Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEWELL, STEPHEN G
STREET ADDRESS	907 WEBSTER STREET
CITY-ST-ZIP	LEESBURG, FL 0.
TITLE	SD
NAME	WATSON, RONALD H
STREET ADDRESS	1500 E ORANGE AVE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	TD
NAME	RAY, JEFFERSON G, III
STREET ADDRESS	2023 N. DONNELLY ST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	ROBUCK, H D, JR
STREET ADDRESS	610 EAST MAIN STREET
CITY-ST-ZIP	LEESBURG, FL
TITLE	VD
NAME	DUGGAN, J ROBERT
STREET ADDRESS	1029 W. MAGNOLIA
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/05-80017-012 61.25

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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.

SIGNATURE: _____ 1-5-05 352-357-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #