

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 20, 2006 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

DO NOT WRITE IN THIS SPACE



D1032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1615080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

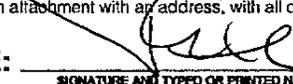
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 32728
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	

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01/25/06-80007-017.61.25

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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:  **1-2006 730845-2032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #