


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		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	(Empty row)	
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: _____ <i>[Signature]</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



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	

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01/25/06-80007-017.61.25

DO NOT WRITE
IN THIS SPACE

1-2206 772-357-2432
Date Daytime Phone #