

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N47721

1. Entity Name
**LEGAL AID SOCIETY OF THE MARTIN COUNTY BAR
ASSOCIATION, INC.**



Principal Place of Business

**C/O CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994 US**

Mailing Address

**C/O CORNETT, GOOGE & ASSOCIATES, P.A.
P.O. BOX 66
STUART, FL 34995 US**



04122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0339125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORNETT, JANE L.
401 EAST OSCEOLA STREET
FIRST FLOOR
STUART, FL 34994**

**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 reinstating)

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	PCD CORNETT, JANE 401 EAST OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEELE, DARREN 3601 SE OCEAN BOULEVARD STE 004 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOBEL, JACK M 73 SW FLAGLER AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTELL, EDWIN E III 301 E OCEAN BLVD SUITE 200 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/06-80010-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.06

Date

772-286-2990

Daytime Phone #