

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47721

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0339125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: CORNETT, JANE  
Address: 401 EAST OSCEOLA ST.  
City-St-Zip: STUART, FL 34994

Title: TD  
Name: FORST, ALAN  
Address: 3553 THISTLEWOOD LANE  
City-St-Zip: PALM CITY, FL 34990

Title: SD  
Name: SCOTT, PORTIA  
Address: 921 SE CENTRAL PKWY  
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE L. CORNETT

PCD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date