2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N97000002694

Entity Name: LEGAL AID SOCIETY OF THE BAR ASSOCIATIONS OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

1209 DELAWARE AVE
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1209 DELAWARE AVE
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0793200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GORMAN, ROBERT J
1209 DELAWARE AVE
FT PIERCE, FL 34950 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:	STD	( ) Delete
Name:	GORMAN, ROBERT J	
Address:	1209 DELAWARE AVE	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	SCHWERER, ROBERT V	
Address:	PO BOX 3779 N/A	
City-St-Zip:	FT PIERCE, FL 349483779	
Title:	D	( ) Delete
Name:	SHAFER, T. CHARLES	
Address:	207 ATLANTIC AVE	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	PINKNEY, PADRICK A	
Address:	145 NW CENTRAL PARK PLAZA	
City-St-Zip:	PT ST LUCIE, FL 34986	
Title:	VPD	( ) Delete
Name:	MELVILLE, HAROLD G	
Address:	2940 S 25TH ST	
City-St-Zip:	FT PIERCE, FL 34981	
Title:	PD	(X) Delete
Name:	PARDO, RAUL	
Address:	200 S INDIAN RIVER DR	
City-St-Zip:	FORT PIERCE, FL 34950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	MELVILLE, HAROLD G	
Address:	2940 S 25TH ST	
City-St-Zip:	FT PIERCE, FL 34981	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT J. GORMAN STD 07/07/2005

Electronic Signature of Signing Officer or Director — Date