


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002694 1. Entity Name LEGAL AID SOCIETY OF THE BAR ASSOCIATIONS OF ST. LUCIE COUNTY, INC.	
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Principal Place of Business 1209 DELAWARE AVE FT PIERCE, FL 34950	Mailing Address 1209 DELAWARE AVE FT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0793200	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 GORMAN, ROBERT J 1209 DELAWARE AVE FT PIERCE, FL 34950

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORMAN, ROBERT J 1209 DELAWARE AVE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWERER, ROBERT V PO BOX 3779 N/A FT PIERCE, FL 349483779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, T. CHARLES 207 ATLANTIC AVE FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKNEY, PADRICK A 145 NW CENTRAL PARK PLAZA PT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELVILLE, HAROLD G 2940 S 25TH ST FT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 	4/2/07	(772) 465-5311
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>