

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002694

FILED
Mar 24, 2009
Secretary of State

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 ()

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

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date