

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719708

Entity Name: LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401**Current Mailing Address:**423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-6046994**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BERTISCH, ROBERT AESQ.
423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 US*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**Officer/Director Detail :**

Title	T/D
Name	BEER, JERALD S
Address	515 NORTH FLAGLER DRIVE, SUITE 1900
City-State-Zip:	WEST PALM BEACH FL 33401

Title	P/D
Name	DEVORE, JEFFREY
Address	4100 RCA BOULEVARD, SUITE 110
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	BURNS, PATIENCE
Address	1507 BELVEDERE ROAD
City-State-Zip:	WEST PALM BEACH FL 33406

Title	VP/D
Name	TRIGGS, MATTHEW
Address	2255 GLADES ROAD, SUITE 340
City-State-Zip:	BOCA RATON FL 33431

Title	VP/D
Name	ACOSTA-CASTRIZ, MIRIAM
Address	530 N FEDERAL HIGHWAY
City-State-Zip:	LAKE WORTH FL 33460

Title	S/D
Name	SUSKAUER, MICHELLE
Address	1601 FORUM PLACE, SUITE 1200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	E/D
Name	BERTISCH, ROBERT A ESQ.
Address	423 FERN STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

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: ROBERT A. BERTISCH, ESQ.**EXECUTIVE DIRECTOR****01/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date