

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738139 (5)
1. Corporation Name
SOUTHERN LEGAL COUNSEL, INC.



Principal Place of Business 1229 NW 12TH AVENUE GAINESVILLE FL 32601-4113 US		Mailing Address 1229 NW 12TH AVENUE GAINESVILLE FL 32601-4113 US		3. Date Incorporated or Qualified 02/17/1977	3a. Date of Last Report 04/26/1995
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number 59-1726382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent NELSON, ALICE K. 1229 NW 12TH AVENUE GAINESVILLE FL 32601				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, LOIS	1.2 NAME	SCRIVEN, Mary S.
STREET ADDRESS	2311 NEVADA RD.	1.3 STREET ADDRESS	777 S. Harbour Island Blvd.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Tampa, FL 33602-5799
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ALICE K.	2.2 NAME	
STREET ADDRESS	1229 NW 12TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADEED, ALBERT J.	3.2 NAME	
STREET ADDRESS	4 OCEAN VISTA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, MICHAEL	4.2 NAME	
STREET ADDRESS	16 KALORAMA CIRCLE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREY, RODERICK N.	5.2 NAME	
STREET ADDRESS	1200 BRICKELL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'ALEMBERTE, TALBOT	6.2 NAME	SMITH, JR., William Reece
STREET ADDRESS	211 WESTCOTT BUILDING	6.3 STREET ADDRESS	777 S. Harbour Island Blvd.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tampa, FL 33602-5799

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice K. Nelson* 4/24/96 352/955-2144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ALICE K. NELSON, President, Southern Legal Counsel, Inc.
 Date Daytime Phone #

CR2E037 (12/95)