

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738139 (5)**

1. Corporation Name  
**SOUTHERN LEGAL COUNSEL, INC.**



Principal Place of Business <b>1229 NW 12TH AVENUE                  GAINESVILLE FL 32601-4113                  US</b>	Mailing Address <b>1229 NW 12TH AVENUE                  GAINESVILLE FL 32601-4113                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>02/17/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
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4. FEI Number <b>59-1726382</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	<b>FL</b>
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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCRIVEN, MARY S.</b>
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PT</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, ALICE K.</b>
STREET ADDRESS	<b>1229 NW 12TH AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HADEED, ALBERT J.</b>
STREET ADDRESS	<b>4 OCEAN VISTA LANE</b>
CITY-ST-ZIP	<b>PALM COAST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCINTOSH, MICHAEL</b>
STREET ADDRESS	<b>16 KALORAMA CIRCLE NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>PETREY, RODERICK N.</b>
STREET ADDRESS	<b>1200 BRICKELL AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, JR. WILLIAM RE</b>
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SCRIVEN, MARY S.</b>
1.3 STREET ADDRESS	<b>1401 61ST STREET, SOUTH</b>
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33707</b>
2.1 TITLE	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NELSON, ALICE K.</b>
2.3 STREET ADDRESS	<b>1229 NW 12TH AVENUE</b>
2.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32601-4113</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HADEED, ALBERT J.</b>
3.3 STREET ADDRESS	<b>4 OCEAN VISTA LANE</b>
3.4 CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MCINTOSH, MICHAEL</b>
4.3 STREET ADDRESS	<b>1730 M STREET, NW, STE. 404</b>
4.4 CITY-ST-ZIP	<b>WASHINGTON, DC 20036</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PETREY, RODERICK N.</b>
5.3 STREET ADDRESS	<b>1200 BRICKELL AVENUE</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33101</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SMITH, JR. WILLIAM REECE</b>
6.3 STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD.</b>
6.4 CITY-ST-ZIP	<b>TAMPA, FL 33602</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ALICE K. NELSON,** 4/16/97 352/955-2144  
 PRESIDENT/Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010643

CR2E037 (9/96)