FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754666 (6)

1. Corporation Name
FLORIDA COUNCIL OF BAR ASSOCIATION PRESIDENTS, INC.

Principal Place of Business	Mailing Address
% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY TALLAHASSEE FL 32399-9300	% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY TALLAHASSEE FL 32399-9300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2144713 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARKNESS, JOHN F., JR.
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-~~9300~~ 2300

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code 2300

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 1-19-95
Signature, both if printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	GEORGE TRAGOS	1.2 NAME	NANCY Alley	
STREET ADDRESS	600 CLEVELAND ST., STE. 700	1.3 STREET ADDRESS	1009 Hwy 436	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Altamonte Springs Fla 32701	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HELINGER, JACK	2.2 NAME		
STREET ADDRESS	150 2ND AVE. N., SUITE 1210	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	MORRIS SILBERMAN	☒ Change ☐ Addition
NAME	MORGENSTERN, MELVIN C.	3.2 NAME	Director	
STREET ADDRESS	201 ALHAMBRA CR 12TH FL	3.3 STREET ADDRESS	133 N. Ft. Harrison Ave	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Clearwater, Fla 34615	
TITLE	~~SP~~	4.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	FREEMAN, THOMAS	4.2 NAME		
STREET ADDRESS	1009 E. HWY. 436	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	~~SP~~	5.1 TITLE	President	☐ Change ☐ Addition
NAME	WINTERS, ELISE	5.2 NAME		
STREET ADDRESS	600 CLEVELAND ST., SUITE 940	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	RYDBERG, MARSHA	6.2 NAME		
STREET ADDRESS	500 E. KENNEDY BLVD., STE. 200	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

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)(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: Elise Winters 1-18-95 561-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elise Winters

0002426