

**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 # **N93000000183 (4)**

1. Corporation Name  
**ACADEMY OF FLORIDA ELDER LAW ATTORNEYS, INC.**



Principal Place of Business: **1217 PONCE DE LEON BLVD CLEARWATER FL 34616**  
Mailing Address: **1217 PONCE DE LEON BLVD CLEARWATER FL 34616**

3. Date Incorporated or Qualified: **01/14/1993**  
3a. Date of Last Report: **10/30/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **65-0281151**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **PARRI, RAYMOND L 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLISLE, RUSSELL E</b>	1.2 NAME	
STREET ADDRESS	<b>415 S.E. 12TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316-1901</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUGG, JOSEPH W</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 3433</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33360</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, MARGARET S</b>	3.2 NAME	
STREET ADDRESS	<b>601 MERRICK WAY, SUITE 201</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33144</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRI, RAYMOND L.</b>	4.2 NAME	
STREET ADDRESS	<b>1217 PONCE DE LEON BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 38616</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROMBLEY, MICHAEL J</b>	5.2 NAME	
STREET ADDRESS	<b>206 HIGHWAY 98</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO BEACH FL 32410-0500</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAYER, CHARLOTTE E</b>	6.2 NAME	
STREET ADDRESS	<b>275 JOHN KNOX RD., #EE102</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	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)(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: Michael J. Trombley, DT Date: 1-19-96 Daytime Phone #: 941-385-5139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (12/95)