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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34616-1273

3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0281151

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARRI, RAYMOND L
1217 PONCE DE LEON BLVD.
CLEARWATER FL 34616

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
NAME	CARLISLE, RUSSELL E	
STREET ADDRESS	415 S.E. 12TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33316-1901	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RUGG, JOSEPH W	
STREET ADDRESS	PO BOX 3433	
CITY-ST-ZIP	TAMPA FL 33360	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, MARGARET S	
STREET ADDRESS	601 MERRICK WAY, SUITE 201	
CITY-ST-ZIP	CORAL SPRINGS FL 33144	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PARRI, RAYMOND L.	
STREET ADDRESS	1217 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CLEARWATER FL 38616	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TROMBLEY, MICHAEL J	
STREET ADDRESS	206 HIGHWAY 98	
CITY-ST-ZIP	MEXICO BEACH FL 32410-0500	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAYER, CHARLOTTE E	
STREET ADDRESS	275 JOHN KNOX RD., #EE102	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack M. Rosenkranz Jack M.	
1.3 STREET ADDRESS	412 E. Madison St. Ste 900, P.O. Box 1449	
1.4 CITY-ST-ZIP	Tampa, FL 33601-1999	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard N. Greatwood	
2.3 STREET ADDRESS	641 N. Rio Grande Ave	
2.4 CITY-ST-ZIP	Orlando, FL 32805	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joan Nelson Hook	
3.3 STREET ADDRESS	4918 Floramar Ter	
3.4 CITY-ST-ZIP	New Port Richey, FL 34652	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charlie F. Robinson	
4.3 STREET ADDRESS	410 S. Lincoln Ave	
4.4 CITY-ST-ZIP	Clearwater, FL 34616-5826	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Scott Solhoff	
5.3 STREET ADDRESS	1800 Hillsbone Blvd. Ste 211	
5.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard C. Weinstein Richard C. Weinstein	
6.3 STREET ADDRESS	One SE 2nd Ave, 25th Fl.	
6.4 CITY-ST-ZIP	Miami, FL 33131	

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: Michael J. Trombley Michael J. Trombley 3/18/97 941-385-5139

CP2E037 (9/96)