# 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

APPROVED AND FILED
95 APR 20 PM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49396** **(7)**

1. Corporation Name

**THE ACADEMY OF FLORIDA TRIAL LAWYERS RESEARCH AN D EDUCATION FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 218 S MONROE ST<br>TALLAHASSEE FL 32301 | 218 S MONROE ST<br>TALLAHASSEE FL 32301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1992**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3144722** ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

**9. Name and Address of Current Registered Agent**

CARRUTHERS, SCOTT
218 S MONROE ST
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

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 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 _____ 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 | V/D | 1.1 TITLE | C/D | ☒ Change ☐ Addition |
| NAME | BARNHART, GREGORY F | 1.2 NAME | Barnhart, Gregory F. | |
| STREET ADDRESS | 2139 PALM BEACH LAKES BLVD. | 1.3 STREET ADDRESS | 2139 Palm Beach Lakes Blvd. | |
| CITY-ST-ZIP | W. PALM BEACH FL | 1.4 CITY-ST-ZIP | W. Palm Beach, FL 33409 | |
| TITLE | C/D | 2.1 TITLE | Delete Mr. Hogan | ☒ Change ☐ Addition |
| NAME | HOGAN, WAYNE | 2.2 NAME | | |
| STREET ADDRESS | 233 E BAY ST | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | | |
| TITLE | P/D | 3.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | CARRUTHERS, SCOTT | 3.2 NAME | | |
| STREET ADDRESS | 218 S MONROE ST | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | T/D | 4.1 TITLE | V/D/C | ☒ Change ☐ Addition |
| NAME | LYTAL, LAKE JR | 4.2 NAME | Lytal, Lake Jr. | |
| STREET ADDRESS | P.O. BOX 4056 N/A | 4.3 STREET ADDRESS | P.O. Box 4056 N/A | |
| CITY-ST-ZIP | WEST PALM BCH FL 33402 | 4.4 CITY-ST-ZIP | W. Palm Beach, FL 33402 | |
| TITLE | S/D | 5.1 TITLE | T/D | ☒ Change ☐ Addition |
| NAME | SLAWSON, RICHARD | 5.2 NAME | Slawson, Richard | |
| STREET ADDRESS | 2401 PGA BLVD 140 | 5.3 STREET ADDRESS | 2401 PGA Blvd. 140 | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 33410 | 5.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Roselli, Richard J. | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 700 SE Third Ave., Suite 100 | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33316 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an 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:** Scott Carruthers — 904-224-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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