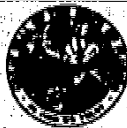


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49396

(7)

1. Corporation Name

THE ACADEMY OF FLORIDA TRIAL LAWYERS RESEARCH AND
EDUCATION FOUNDATION, INC.

Principal Place of Business

218 S MONROE ST
TALLAHASSEE FL 32301

Mailing Address

218 S MONROE ST
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. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRUTHERS, SCOTT
218 S MONROE ST
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME BARNHART, GREGORY F
STREET ADDRESS 2139 PALM BEACH LAKES BLVD.
CITY-ST-ZIP W. PALM BEACH FL

1.1 TITLE C/D
1.2 NAME Barnhart, Gregory F.
1.3 STREET ADDRESS 2139 Palm Beach Lakes Blvd.
1.4 CITY-ST-ZIP W. Palm Beach, FL 33409

TITLE C/D
NAME HOGAN, WAYNE
STREET ADDRESS 233 E BAY ST
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Delete Mr. Hogan

TITLE P/D
NAME CARRUTHERS, SCOTT
STREET ADDRESS 218 S MONROE ST
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T/D
NAME LYAL, LAKE JR
STREET ADDRESS P.O. BOX 4056 N/A
CITY-ST-ZIP WEST PALM BCH FL 33402

4.1 TITLE V/D/C
4.2 NAME Lytal, Lake Jr.
4.3 STREET ADDRESS P.O. Box 4056 N/A
4.4 CITY-ST-ZIP W. Palm Beach, FL 33402

TITLE S/D
NAME SLAWSON, RICHARD
STREET ADDRESS 2401 PGA BLVD 140
CITY-ST-ZIP PALM BCH GARDENS FL 33410

5.1 TITLE T/D
5.2 NAME Slawson, Richard
5.3 STREET ADDRESS 2401 PGA Blvd. 140
5.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Roselli, Richard J.
6.3 STREET ADDRESS 700 SE Third Ave., Suite 100
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 the exemption under Section 110.032, 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
224-9403