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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49396 (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

218 S MONROE ST
TALLAHASSEE FL 32301218 S MONROE ST
TALLAHASSEE FL 32301-18243. Date Incorporated or Qualified
06/16/19923a. Date of Last Report
06/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

30 Country

4. FEI Number

59-3144722

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME CARRUTHERS, SCOTT
STREET ADDRESS 218 S MONROE ST
CITY-ST-ZIP TALLAHASSEE FL1.1 TITLE P/S/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE CD
NAME LYAL, LAKE JR
STREET ADDRESS 515 N. FLAGLER 10TH FLOOR
CITY-ST-ZIP WEST PALM BCH FL 334012.1 TITLE D
2.2 NAME Liggio, Jeffrey M.
2.3 STREET ADDRESS 213 Southern Blvd
2.4 CITY-ST-ZIP West Palm Beach, FL. 33405TITLE VD
NAME SLAWSON, RICHARD
STREET ADDRESS 2401 PGA BLVD. 140
CITY-ST-ZIP PALM BEACH GARDENS FL 334103.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME ROSELLI, RICHARD J
STREET ADDRESS 700 SE THIRD AVE SUITE 100
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE C/D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME KELAHER, JAMES
STREET ADDRESS 390 N. ORANGE SUITE 1500
CITY-ST-ZIP ORLANDO FL 328015.1 TITLE T/D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Scott Carruthers REQUIRED

2/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007223

CR2E037 (9/96)