

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760798

**FILED**  
**May 20, 2019**  
**Secretary of State**  
**6431286943CC**

**Entity Name:** FLORIDA LAWYERS SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

1320 N. SEMORAN BLVD.  
STE. 103  
ORLANDO, FL 32807

**Current Mailing Address:**

P.O. BOX 568157  
ORLANDO, FL 32856-8157 US

**FEI Number: 59-2158852**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALLER, ROLAND DESQ  
5332 MAIN STREET  
NEW PORT RICHEY, FL 34652-2509 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ISPHORDING, ROGER O.  
Address        240 NOKOMIS AVE. S., STE 200  
City-State-Zip: VENICE FL 34285-2321

Title           DIRECTOR  
Name           WALLER, ROLAND DESQ  
Address        5332 MAIN ST  
City-State-Zip: NEW PORT RICHEY FL 34652-2509

Title           PRESIDENT  
Name           BRENNAN, DAVID C ESQ.  
Address        738 RUGBY STREET  
City-State-Zip: ORLANDO FL 32804

Title           D  
Name           EDWARD F. KOREN, ESQ.  
Address        100 N. TAMPA ST., STE 4100  
City-State-Zip: TAMPA FL 33602

Title           D  
Name           GRIMSLEY, JOHN  
Address        200 W. FORSYTH STREET  
                  SUITE 1300  
City-State-Zip: JACKSONVILLE FL 32202

Title           D  
Name           STONE, BRUCE  
Address        95 MERRICK WAY, STE 440  
City-State-Zip: CORAL GABLES FL 33134-5310

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ERIN BRENNAN CHAMBERS**

**EXECUTIVE DIRECTOR**

**05/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date