

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760798

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

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**8571735185CC**

**Current Principal Place of Business:**

1073 WILLA SPRINGS DRIVE  
SUITE 1057  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

P.O. BOX 195909  
WINTER SPRINGS, FL 32719-5909 US

**FEI Number: 59-2158852**

**Certificate of Status Desired: Yes**

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

BELCHER, W. FLETCHER ESQ.  
540 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33701 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:** W. FLETCHER BELCHER

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ISPHORDING, ROGER O.  
Address 238 PENSACOLA ROAD  
City-State-Zip: VENICE FL 34285

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

Title DIRECTOR  
Name GRIMSLEY, JOHN  
Address 8158 JOSE CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32217

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

Title VP  
Name SWAINE, J. MICHAEL  
Address 425 S COMMERCE AVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name BELCHER, FLETCHER  
Address 540 FOURTH STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33701

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*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:** DAVID C. BRENNAN

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HEARN, STEVE  
Address        POST OFFICE BOX 1192  
City-State-Zip: TAMPA FL 33601

Title           DIRECTOR  
Name           KELLEY, ROHAN  
Address        3365 GALT OCEAN DRIVE  
City-State-Zip: FT LAUDERDALE FL 33308