

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760798

Entity Name: FLORIDA LAWYERS SUPPORT SERVICES, INC.

FILED
Sep 11, 2020
Secretary of State
5497876621CC

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: Yes

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

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

09/11/2020

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