

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760798

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

**Current Principal Place of Business:**

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

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC6404487807**

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

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

Title VP, DIRECTOR  
Name BRENNAN, DAVID C ESQ.  
Address 1302 E ROBINSON ST  
City-State-Zip: ORLANDO FL 32801

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: ROGER O. ISPHORDING**

**PRESIDENT/DIRECTOR**

**04/13/2015**

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

\_\_\_\_\_  
Date