#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 760798** 

Entity Name: FLORIDA LAWYERS SUPPORT SERVICES, INC.

FILED
Mar 28, 2024
Secretary of State
6671447269CC

## **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 03/28/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name ISPHORDING, ROGER O. Name WALLER, ROLAND DESQ

Address 238 PENSACOLA ROAD Address 5332 MAIN ST

City-State-Zip: VENICE FL 34285 City-State-Zip: NEW PORT RICHEY FL 34652-2509

Title PRESIDENT Title DIRECTOR

Name BRENNAN, DAVID C ESQ. Name EDWARD F. KOREN, ESQ.

Address 738 RUGBY STREET Address 100 N. TAMPA ST., STE 4100

City-State-Zip: ORLANDO FL 32804 City-State-Zip: TAMPA FL 33602

TitleDIRECTORTitleDIRECTORNameGRIMSLEY, JOHNNameSTONE, BRUCE

Address 8158 JOSE CIRCLE WEST Address 95 MERRICK WAY, STE 440

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: CORAL GABLES FL 33134-5310

Title VP Title DIRECTOR

Name SWAINE, J. MICHAEL Name BELCHER, FLETCHER

Address 425 S COMMERCE AVE Address 540 FOURTH STREET NORTH

City-State-Zip: SEBRING FL 33870 City-State-Zip: ST PETERSBURG FL 33701

#### Continues on page 2

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 BRENNAN PRESIDENT 03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HEARN, STEVE Name KELLEY, ROHAN

Address POST OFFICE BOX 1192 Address 3365 GALT OCEAN DRIVE

City-State-Zip: TAMPA FL 33601 City-State-Zip: FT LAUDERDALE FL 33308