

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721880 (3)

1. Corporation Name

FLORIDA LAW REVIEW ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**HOLLAND LAW CENTER, SW 2ND AVE.
GAINESVILLE FL 32611**

**HOLLAND LAW CENTER, SW 2ND AVE.
GAINESVILLE FL 32611**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1971		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 23-7181483		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25					

9. Name and Address of Current Registered Agent

**MANN, ROBERT T.
HOLLAND LAW CENTER, SW 2ND AVENUE
GAINESVILLE FL 32611**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0403, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

2-23-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, TIMOTHY D	1.2 NAME	
STREET ADDRESS	125 N E 1ST AVE., #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VPVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, HAL	2.2 NAME	
STREET ADDRESS	215 N EOLA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOURAKER, LAURA ANN	3.2 NAME	Secretary
STREET ADDRESS	115 HOLLAND HALL, SW 2ND AVE	3.3 STREET ADDRESS	Ware, Dabney
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	115 Holland Hall, SW 2nd Ave
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ROBIN	4.2 NAME	Treasurer
STREET ADDRESS	115 HOLLAND HALL, SW 2ND AVE.	4.3 STREET ADDRESS	Burnett, Joshua
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	115 Holland Hal, SW 2nd AVE
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKUS, JOE	5.2 NAME	
STREET ADDRESS	3161 CORAL WAY #608	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dabney Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (352) 392-2148

Date

Daytime Phone #

CR2E037 (12/95)