FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:39

DOCUMENT # **743976** **(3)**

1. Corporation Name

FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION

Principal Place of Business	Mailing Address
C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399	C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1978
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1932693 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

FERDIE, AINSLEE R.
717 PONCE DE LEON
SUITE 215
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	GAY, GREGORY G.	12 NAME		
STREET ADDRESS	5318 BALSAM STREET	13 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FERDIE, AINSLEE R.	22 NAME		
STREET ADDRESS	717 PONCE DE LEON, #215	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	P/D	☒ Change ☐ Addition
NAME	DUFRESNE, ELIZABETH	32 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD#4000	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BENNETT, G. DAN	42 NAME		
STREET ADDRESS	650 APALACHEE PKY.	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V/D	☒ Change ☐ Addition
NAME	BURKHOLZ, YVONNE	52 NAME	Rayford H. Taylor	
STREET ADDRESS	2929 S.W. 3RD AVE.	53 STREET ADDRESS	317 N. Calhoun St.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DIAZ, RAFAEL	62 NAME		
STREET ADDRESS	2050 CORAL WAY, S-304	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	64 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: J. Dan Bennett 3-30-95 (904) 561-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002414

743976

BOARD OF DIRECTORS

7.1	TITLE	D
7.2	NAME	Edwards, Michael
7.3	STREET ADDRESS	1514 S.E. Pt. St. Lucie Blvd.
7.4	CITY-ST-ZIP	Pt. St. Lucie, FL 34985
8.1	TITLE	D
8.2	NAME	Garrett, William Robert
8.3	STREET ADDRESS	659 Jenks Ave., Ste. D
8.4	CITY-ST-ZIP	Panama City, FL 32401
9.1	TITLE	D
9.2	NAME	Gomez, Luis F.
9.3	STREET ADDRESS	1500 S. Semoran Blvd.
9.4	CITY-ST-ZIP	Orlando, FL 32807
10.1	TITLE	D
10.2	NAME	Murphy, William F., III
10.3	STREET ADDRESS	4770 Biscayne Blvd., Ste. 960
10.4	CITY-ST-ZIP	Miami, FL 33137
11.1	TITLE	D
11.2	NAME	Nelson, Debra Steinberg
11.3	STREET ADDRESS	201 E. Pine St., Ste. 425
11.4	CITY-ST-ZIP	Orlando, FL 32801
12.1	TITLE	D
12.2	NAME	Shear, L. David
12.3	STREET ADDRESS	P. O. Box 2378 (N/A)
12.4	CITY-ST-ZIP	Tampa, FL 33601
13.1	TITLE	D
13.2	NAME	Weiner, Susan
13.3	STREET ADDRESS	1444 Biscayne Blvd., #200
13.4	CITY-ST-ZIP	Miami, FL 33132
14.1	TITLE	D
14.2	NAME	Wheeler, Harold Austin
14.3	STREET ADDRESS	5825 Sunset Dr., Ste. 300
14.4	CITY-ST-ZIP	South Miami, FL 33143
15.1	TITLE	S/D
15.2	NAME	Williams, Gerald A.
15.3	STREET ADDRESS	980 N. Federal Hwy., Ste. 305
15.4	CITY-ST-ZIP	Boca Raton, FL 33432