

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

pg 1 of 2

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

3. Date Incorporated or Qualified 08/18/1978  
3a. Date of Last Report 04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAY, GREGORY G.	
STREET ADDRESS	5318 BALSAM STREET	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERDIE, AINSLEE R.	
STREET ADDRESS	717 PONCE DE LEON, #215	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUFRESNE, ELIZABETH	
STREET ADDRESS	200 S BISCAYNE BLVD#4000	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENNETT, G. DAN	
STREET ADDRESS	650 APALACHEE PKY.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAYLOR, RAYFORD H	
STREET ADDRESS	317 N. CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, RAFAEL	
STREET ADDRESS	2050 CORAL WAY, S-304	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	P/D
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 23 if changed, or on an attachment with an address.

SIGNATURE:

*G. Dan Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96  
Date

561-5600  
Daytime Phone #

CR2E037 (12/95)

BOARD OF DIRECTORS

743976 Pg 2 of 2

CHANGES/DELETIONS

7.1	TITLE	D	
7.2	NAME	Edwards, Michael	DELETE
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	S/D
8.2	NAME	Garrett, William Robert	
8.3	STREET ADDRESS	659 Jenks Ave., Ste. D	514 Magnolia Avenue
8.4	CITY-ST-ZIP	Panama City, FL 32401	Panama City, FL 32401
9.1	TITLE	D	
9.2	NAME	Gomez, Luis F.	
9.3	STREET ADDRESS	1500 S. Semoran Blvd.	DELETE
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	255 S. Orange Ave.
11.4	CITY-ST-ZIP	Orlando, FL 32801	Ste. 1101
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	1500 Biscayne Blvd.
13.4	CITY-ST-ZIP	Miami, FL 33132	Ste 127
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	V/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	