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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 32399-6574

3. Date Incorporated or Qualified 08/18/1978  
3a. Date of Last Report 04/22/1996  
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

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | D<br>GAY, GREGORY G.<br>5318 BALSAM STREET<br>NEW PORT RICHEY FL      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>FERDIE, AINSLEE R.<br>717 PONCE DE LEON, #215<br>CORAL GABLES FL | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>DUFRESNE, ELIZABETH<br>200 S BISCAYNE BLVD#4000<br>MIAMI FL      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD<br>BENNETT, G. DAN<br>650 APALACHEE PKY.<br>TALLAHASSEE FL         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD<br>TAYLOR, RAYFORD H<br>317 N. CALHOUN ST.<br>TALLAHASSEE FL       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>DIAZ, RAFAEL<br>2050 CORAL WAY, S-304<br>MIAMI FL                | 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* 3-19-97 904-561-5633

CR2E037 (9/96)

### FLIC BOARD OF DIRECTORS

|      |                |  |        |
|------|----------------|--|--------|
| 7.1  | TITLE          | S/D                                      |        |
| 7.2  | NAME           | Garrett, William R.                      |        |
| 7.3  | STREET ADDRESS | 514 Magnolia Avenue                      |        |
| 7.4  | CITY-ST-ZIP    | Panama City, Florida 32401               |        |
| 8.1  | TITLE          | D  |        |
| 8.2  | NAME           | Murphy, William F., III                  |        |
| 8.3  | STREET ADDRESS | 4770 Biscayne Boulevard, Suite 960       |        |
| 8.4  | CITY-ST-ZIP    | Miami, Florida 33137                     |        |
| 9.1  | TITLE          | D  |        |
| 9.2  | NAME           | Nelson, Debra S.                         |        |
| 9.3  | STREET ADDRESS | 20 North Orange Avenue, Suite 1108       | CHANGE |
| 9.4  | CITY-ST-ZIP    | Orlando, Florida 32801                   |        |
| 10.1 | TITLE          | D  |        |
| 10.2 | NAME           | Shear, L. David                          |        |
| 10.3 | STREET ADDRESS | 201 East Kennedy Boulevard, Suite 1000   |        |
| 10.4 | CITY-ST-ZIP    | Tampa, Florida 33602-5117                |        |
| 11.1 | TITLE          | D  |        |
| 11.2 | NAME           | Sisselman, Murray                        | ADD    |
| 11.3 | STREET ADDRESS | UTD, 2929 Southwest 3rd Avenue           |        |
| 11.4 | CITY-ST-ZIP    | Miami, Florida 33129                     |        |
| 12.1 | TITLE          | D  |        |
| 12.2 | NAME           | Weiner, Susan                            |        |
| 12.3 | STREET ADDRESS | DCPS, 1500 Biscayne Boulevard, Suite 127 |        |
| 12.4 | CITY-ST-ZIP    | Miami, Florida 33132                     |        |
| 13.1 | TITLE          | D  |        |
| 13.2 | NAME           | Wheeler, Harold A.                       |        |
| 13.3 | STREET ADDRESS | 6695 Southwest 112th Street              | CHANGE |
| 13.4 | CITY-ST-ZIP    | Miami, Florida 33156                     |        |
| 14.1 | TITLE          | V/D                                      |        |
| 14.2 | NAME           | Williams, Gerald A.                      |        |
| 14.3 | STREET ADDRESS | 1450 Northeast 2nd Avenue, Suite 552     | CHANGE |
| 14.4 | CITY-ST-ZIP    | Miami, Florida 33132                     |        |