

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 026 ****70.00

DOCUMENT # 743976

1. Entity Name
**FLORIDA LAWYERS' LEGAL INSURANCE
CORPORATION**



Principal Place of Business
**651 EAST JEFFERSON STREET
TALLAHASSEE, FL 32399-2300**

Mailing Address
**651 EAST JEFFERSON STREET
650 APALACHEE PARKWAY
TALLAHASSEE, FL 32399-2300**

34010710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1932693

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GAY, GREGORY G.**
STREET ADDRESS **5318 BALSAM STREET**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **D** ☐ Delete
NAME **FERDIE, AINSLEE R.**
STREET ADDRESS **717 PONCE DE LEON, #215**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **D** ☒ Delete
NAME **DUFRESNE, ELIZABETH**
STREET ADDRESS **3451 POINCIANA AVE**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **TD** ☐ Delete
NAME **BENNETT, G. DAN**
STREET ADDRESS **651 EAST JEFFERSON STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 323992300**

TITLE **D** ☐ Delete
NAME **TAYLOR, RAYFORD H**
STREET ADDRESS **317 N. CALHOUN ST.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **SD** ☐ Delete
NAME **GARRETT, WILLIAM R**
STREET ADDRESS **PO BOX 2466**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **433 Harrison Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

850-561-5600

Attachment

94018475

743976

FLIC BOARD OF DIRECTORS

6.1	TITLE	D
6.2	NAME	Alexander, William J.
6.3	STREET ADDRESS	7227 Land O' Lakes Boulevard
6.4	CITY-ST-ZIP	Land O' Lakes, Florida 34639
7.1	TITLE	D
7.2	NAME	Murphy, William F. III
7.3	STREET ADDRESS	2125 Biscayne Boulevard, Suite 205
7.4	CITY-ST-ZIP	Miami, Florida 33137
8.1	TITLE	D
8.2	NAME	Shear, L. David
8.3	STREET ADDRESS	201 East Kennedy Boulevard, Suite 1000
8.4	CITY-ST-ZIP	Tampa, Florida 33602-5827
9.1	TITLE	D
9.2	NAME	Weiner, Susan
9.3	STREET ADDRESS	DCPS, 1450 Northeast 2nd Avenue, Suite 552
9.4	CITY-ST-ZIP	Miami, Florida 33132-1308
10.1	TITLE	D
10.2	NAME	Williams, Gerald A.
10.3	STREET ADDRESS	1450 Northeast 2nd Avenue, Suite 552
10.4	CITY-ST-ZIP	Miami, Florida 33132
11.1	TITLE	D
11.2	NAME	Hernandez, Irma
11.3	STREET ADDRESS	215 West 49 th Street
11.4	CITY-ST-ZIP	Hialeah, Florida 33012-3713
12.1	TITLE	P/D
12.2	NAME	Jay, Scott R.
12.3	STREET ADDRESS	1575 Ives Dairy Road
12.4	CITY-ST-ZIP	Miami, Florida 33179-2133
13.1	TITLE	D
13.2	NAME	Meek, Leslie A.
13.3	STREET ADDRESS	United Teacher's of Dade, 2929 Southwest 3 rd Avenue
13.4	CITY-ST-ZIP	Miami, Florida 33129
14.1	TITLE	V/D
14.2	NAME	Penichet, Paul F.
14.3	STREET ADDRESS	Union Planter's Bank Building, 2151 South LeJeune Road, Suite 200
14.4	CITY-ST-ZIP	Miami, Florida 33134-4200

DELETE

DELETE

Attachment

94018475

743976

15.1 TITLE D
15.2 NAME Amber, Laurie K. ADD
15.3 ADDRESS 7731 SW 62nd Avenue, Suite 202
15.4 CITY-ST-ZIP South Miami, Florida 33143-4908

16.1 TITLE D
16.2 NAME Byrd, Alan P. ADD
16.3 ADDRESS 1031 Ives Dairy Road, Suite 228
16.4 CITY-ST-ZIP Miami, Florida 33179-2538

17.1 TITLE D
17.2 NAME Williams, Byron E.
17.3 ADDRESS 21011 NE 13th Place
17.4 CITY-ST-ZIP North Miami Beach, Florida 33179

18.1 TITLE D
18.2 NAME Giuliani, Stacey A. ADD
18.3 ADDRESS 1909 Tyler Street, PH
18.4 CITY-ST-ZIP Hollywood, Florida 33020-4527

19.1 TITLE D
19.2 NAME Michaels, Thomas O.
19.3 ADDRESS 1370 Pinehurst Road
19.4 CITY-ST-ZIP Dunedin, Florida 34698-5407