
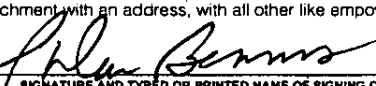


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 007 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 651 East Jefferson Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL		4. FEI Number 59-1932693	
Zip		Country 32399-2300 Leon		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAY, GREGORY G. 5318 BALSAM STREET NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	William J. Alexander 5235 Conner Dr. Land O' Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERDIE, AINSLEE R 717 PONCE DE LEON, #215 CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BENNETT, G. DAN 651 EAST JEFFERSON STREET TALLAHASSEE, FL 323992300	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMBER, LAURIE K 7731 SW 62ND AVE SUITE 202 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRETT, WILLIAM R 433 HARRISON AVE. PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	#223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BYRD, ALAN P 1031 IVES DAIRY RD MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				7-6-08 850-561-5636	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	