

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743976

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION

Current Principal Place of Business:

651 EAST JEFFERSON STREET
TALLAHASSEE, FL 323992300

New Principal Place of Business:

Current Mailing Address:

651 EAST JEFFERSON STREET
TALLAHASSEE, FL 323992300

New Mailing Address:

FEI Number: 59-1932693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ALEXANDER, WILLIAM J
Address: 5235 CONNER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: FERDIE, AINSLEE R
Address: 717 PONCE DE LEON #223
City-St-Zip: CORAL GABLES, FL

Title: TD () Delete
Name: BENNETT, G. DAN
Address: 651 EAST JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 323992300

Title: SD () Delete
Name: AMBER, LAURIE K
Address: 7731 SW 62ND AVE SUITE 202
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: GARRETT, WILLIAM R
Address: 433 HARRISON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: P () Delete
Name: BYRD, ALAN P
Address: 1031 IVES DAIRY RD
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ALEXANDER, WILLIAM J
Address: 5235 CONNER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARRETT, WILLIAM R
Address: 514 MAGNOLIA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: PD (X) Change () Addition
Name: BYRD, ALAN P
Address: 1031 IVES DAIRY RD
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. DAN BENNETT

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date