

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 011 ****61.25

DOCUMENT # 747146

1. Entity Name
FLORIDA LEGAL EDUCATION ASSOCIATION, INC.



Principal Place of Business
**5205 S ORANGE AVE
STE 208
ORLANDO, FL 32809 US**

Mailing Address
**POST OFFICE BOX 568187
~~BLDG A~~
ORLANDO, FL 32856 US**



2. Principal Place of Business

3. Mailing Address

PO BOX 568187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State
ORLANDO, FL

4. FEI Number
59-2012229

Applied For
Not Applicable

Zip

Country

Zip
32856

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLER, ROLAND D ESQ
5332 MAIN ST
NEW PORT RICHEY, FL ~~3465-2509~~**

Name

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

City

FL 34652

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHERMAN, WILLIAM E.
~~810 EASTOVER CIRCLE~~
DELAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**145 EAST RICH AVE, SUITE C
DELAND, FL 32724** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRIMSLEY, JOHN
50 N LAURA ST STE2150
JACKSONVILLE, FL 32202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, WILSON
200 S BISCAYNE BLVD 40TH FL
MIAMI, FL 33131** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALLER, ROLAND D
5332 MAIN ST
NEW PORT RICHEY, FL 346522509** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BRENNAN, DAVID C
~~201 EAST PINE ST., STE. #423~~
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1214 EAST ROBINSON ST
ORLANDO, FL 32801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOREN, EDWARD F
~~62 LAKE WIRE DR.~~
LAKELAND, FL 338022092** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 N TAMPA STREET, SUITE 4100
TAMPA, FL 33601-1288** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 7, 2006