

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # N03000007151

1. Entity Name
NATIONAL CONFERENCE OF LAW REVIEWS, INC.



05-03-2004 90843 001 *****8.75
05-03-2004 90843 002 *****61.25

Principal Place of Business
**1401 61ST STREET SOUTH
GULFPORT, FL 33707**

Mailing Address
**1401 61ST STREET SOUTH
GULFPORT, FL 33707**

66418172



2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
62-1628794

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**ADAMS, KRISTEN D
1401 61ST STREET SOUTH
GULFPORT, FL 33707**

7. Name and Address of New Registered Agent

Name
same
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 **P** ☒ Delete
NAME **DAVIES, MARISA**
STREET ADDRESS **1401 61ST STREET SOUTH**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **S** ☒ Delete
NAME **PHIPPS, MEREDITH**
STREET ADDRESS **1401 61ST STREET SOUTH**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Franklin Duke Regan**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **H. Brendan Burke**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Mary Ellen Pullum**
STREET ADDRESS **same**
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

12. I 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 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

4/19/04

Date

(727) 562-7800 ext. 7956

Daytime Phone #