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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N13342

1. Corporation Name

FLORIDA LAWYERS ASSISTANCE, INC.

102217 - 90065 - 25

Principal Place of Business

261 E. OAKLAND PARK BLVD.
 SUITE 203
 FT. LAUDERDALE FL 33306
 US

Mailing Address

2601 E OAKLAND PARK BLVD
 SUITE 203
 FT. LAUDERDALE FL 33306
 US



2. Principal Place of Business

21 **2601 E. OAKLAND PARK BLVD.**

Suite, Apt. #, etc.

22 **SUITE 203**

City & State

23 **FT. LAUDERDALE, FL 33306**

Zip

24 **33306**

Country

25 **BROWARD**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/06/1986

4. FEI Number

59-2642210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COHEN, MYER J

2601 E. OAKLAND PARK BLVD., SUITE 203

FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DAVIS, G. MILES E**
 STREET ADDRESS **25 W. CEDAR STREET, 4TH FLOOR**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **TUTAN, G V**
 STREET ADDRESS **2900 MIDDLE STR, 5TH FLOOR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **GOETZ, ROGER A.**
 STREET ADDRESS **BOX 35042 FEDERAL BLDG N/A**
 CITY-ST-ZIP **FERNANDIANA BEACH FL 32034**

TITLE ☒ DELETE

NAME **HANRAHAN, MICHAEL E.**
 STREET ADDRESS **BOX 35042 FEDERAL BLVD N/A**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ DELETE

NAME **ANDERSON, DUANE**
 STREET ADDRESS **100 BISCAYNE BLVD #23000**
 CITY-ST-ZIP **MIAMI FL 33132-2306**

TITLE ☐ DELETE

NAME **COHEN, MYER J**
 STREET ADDRESS **2601 E. OAKLAND PARK BLVD., SUITE 203**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Davis, G. Miles**
 1.3 STREET ADDRESS **100 N. Palafox Street**
 1.4 CITY-ST-ZIP **Pensacola, FL 32501**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Tutan, G. Victor**
 2.3 STREET ADDRESS **2900 S.W. 28 Terrace, 5th floor**
 2.4 CITY-ST-ZIP **Miami, FL 33133**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **P-E Wakeman, Mary L.**
 3.3 STREET ADDRESS **P.O. Drawer 229**
 3.4 CITY-ST-ZIP **Tallahassee, FL 32302**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Murphy, Joseph**
 4.3 STREET ADDRESS **1000 N. Ashley Drive, Suite 309**
 4.4 CITY-ST-ZIP **Tampa, FL 33602-3330**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Pomm, Raymond M.**
 5.3 STREET ADDRESS **P. O. Box 1020**
 5.4 CITY-ST-ZIP **Fernandina Beach, FL 32035-1020**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)