

DOCUMENT # N13342

Entity Name

FLORIDA LAWYERS ASSISTANCE, INC.

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90052 014 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2601 E. OAKLAND PARK BLVD SUITE 203 FT. LAUDERDALE FL 33306 US	2601 E OAKLAND PARK BLVD SUITE 203 FT. LAUDERDALE FL 33306 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2642210	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MYER J  
2601 E. OAKLAND PARK BLVD., SUITE 203  
FT. LAUDERDALE FL 33306

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, G. MILES E	
STREET ADDRESS	100 N PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TUTAN, G V	
STREET ADDRESS	2900 SW 28TH TERRACE; 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAKEMAN, MARY L	X Change
STREET ADDRESS	PO DRAWER 229	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JOSEPH	
STREET ADDRESS	1000 N. ASHLEY DRIVE STE 309	
CITY-ST-ZIP	TAMPA FL 33602-3330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POMM, RAYMOND M	
STREET ADDRESS	PO BOX 1020	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035-1020	
TITLE	ED	<input type="checkbox"/> Delete
NAME	COHEN, MYER J	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD., SUITE 203	
CITY-ST-ZIP	FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara D. Geraghty	
STREET ADDRESS	1320 Alcazar Avenue	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William L. Penrose	
STREET ADDRESS	449 Central, Suite 102	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and cross, with all other like empowered.

SIGNATURE: Myer J. Cohen REQUIRED Myer J. Cohen, Executive Director 1/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)