2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2004 8:00 am DOCUMENT # N13342 **Secretary of State** 1. Entity Name 03-24-2004 90024 011 ****61.25 FLORIDA LAWYERS ASSISTANCE, INC. Principal Place of Business Mailing Address 2601 E. OAKLAND PARK BLVD 2601 E OAKLAND PARK BLVD SUITE 203 SUITE 203 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-2642210 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, MYER J Street Address (P.O. Box Number is Not Acceptable) 2601 E. OAKLAND PARK BLVD., SUITE 203 FT. LAUDERDALE FL 33306 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE BARLOW, MARY NAME NAME 1084 BELLIDO DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP Delete TILE Change ☐ Addition PENROSE, WILLIAM L NAME NAME 449 CENTRAL STE 102 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE WAKEMAN, MARY L NAME NAME PO DRAWER 229 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32302 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MURPHY, JOSEPH NAME NAME 1000 N. ASHLEY DRIVE STE 309 STREET ADDRESS STREET ADDRESS TAMPA FL 33602-3330 CITY-\$T-ZIP CITY-ST-ZIP Explaine at Experience of the conference of ☐ Change ☐ Addition TITLE ☐ Delete GERAGHTY, BARBARA NAME NAME 1320 ALCAZAR AVENUE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901" CITY-ST-ZIP CITY-ST-ZIP इ.स्ट्राइ १ व्या स्ट्राइ व्याप्त इ.स.च TITLE ☐ Addition ☐ Delete TITLE ... · Change COHEN, MYER J NAME NAME 2601 E. OAKLAND PARK BLVD., SUITE 203 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 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

Myer chem Executivedrector 3/15/04 \$66-9040

dress, with all other like empowered.

changed, or on an attachment with

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