

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13342

FILED
Jun 30, 2005
Secretary of State

Entity Name: FLORIDA LAWYERS ASSISTANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2642210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BARLOW, MARY
Address: 1084 BELLIDO DR
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: WAKEMAN, MARY L
Address: PO DRAWER 229
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: MURPHY, JOSEPH
Address: 1000 N. ASHLEY DRIVE STE 309
City-St-Zip: TAMPA, FL 336023330

Title: P () Delete
Name: GERAGHTY, BARBARA
Address: 1320 ALCAZAR AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: ED () Delete
Name: COHEN, MYER J
Address: 2601 E. OAKLAND PARK BLVD., SUITE 203
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MCKEAN, PAUL L
Address: 1909 ROBINHOOD STREET
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYER J. COHEN

ED

06/30/2005

Electronic Signature of Signing Officer or Director

Date