2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# N13342

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	MCKEAN, PAUL L	
Address:	1909 ROBINHOOD STREET	
City-St-Zip:	SARASOTA, FL 34231	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GERAGHTY, BARBARA	
Address:	1320 ALCAZAR AVENUE	
City-St-Zip:	FORT MYERS, FL 33901	
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 Chapter 119, 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 01/07/2006

Electronic Signature of Signing Officer or Director — Date