

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13342

FILED
Jan 09, 2007
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

Current Mailing Address:

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

New Principal Place of Business:

2425 E COMMERCIAL BLVD
SUITE 405
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

2425 E COMMERCIAL BLVD
SUITE 405
FT. LAUDERDALE, FL 33308 US

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:

COHEN, MYER J
2425 E COMMERCIAL BLVD.
SUITE 405
FT. LAUDERDALE, FL 33308 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:

01/09/2007

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

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

Title: ED (X) 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: P (X) Change () Addition
Name: SMITH, WAYNE L
Address: 333 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

Title: ED (X) Change () Addition
Name: COHEN, MYER J
Address: 2425 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

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 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

01/09/2007

Electronic Signature of Signing Officer or Director

Date