# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 23 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24393 (3)

1. Corporation Name

FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3217 BROOKFOREST DR<br>P.O. BOX 485<br>TALLAHASSEE FL 32312<br>US | 3217 BROOKFOREST DR<br>P.O. BOX 485<br>TALLAHASSEE FL 32312<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0068784 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WALTERS, SANDI & ASSOCIATES
3217 BROOKFOREST DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Kathryn L. Bradley
82 Street Address (P.O. Box Number is Not Acceptable): 3217 Brookforest Drive
83:
84 City: Tallahassee **FL** 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Kathryn L. Bradley Kathryn L. Bradley, Executive Director 1/17/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | President/D | ☒ Change ☐ Addition |
| NAME | KIRKCONNELL, KIRK N. | 1.2 NAME | Carl H. Lida | |
| STREET ADDRESS | 110 E. JEFFERSON ST | 1.3 STREET ADDRESS | 3217 Brookforest Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | PD | 2.1 TITLE | President-elect/D | ☒ Change ☐ Addition |
| NAME | LIDA, CARL H. | 2.2 NAME | Thomas L. Powell | |
| STREET ADDRESS | 110 E. JEFFERSON ST | 2.3 STREET ADDRESS | 3217 Brookforest Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | VD | 3.1 TITLE | Vice-president/D | ☒ Change ☐ Addition |
| NAME | POWELL, THOMAS H. | 3.2 NAME | Carey Haughwout | |
| STREET ADDRESS | 110 E. JEFFERSON ST | 3.3 STREET ADDRESS | 3217 Brookforest Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | SD | 4.1 TITLE | Secretary/D | ☐ Change ☒ Addition |
| NAME | HAUGHWOUT, CAREY | 4.2 NAME | Diane Buerger | |
| STREET ADDRESS | 110 E. JEFFERSON ST | 4.3 STREET ADDRESS | 3217 Brookforest Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | TD | 5.1 TITLE | Treasurer/D | ☐ Change ☒ Addition |
| NAME | DOYEL, ROBERT L. | 5.2 NAME | J. Cheney Mason | |
| STREET ADDRESS | 110 E. JEFFERSON ST. | 5.3 STREET ADDRESS | 3217 Brookforest Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Thomas L. Powell Thomas L. Powell 1/17/95 904/224-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027607