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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24393 (3)

1. Corporation Name

FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS,
INC.

Principal Place of Business

Mailing Address

3217 BROOKFOREST DR
P.O. BOX 485
TALLAHASSEE FL 32312
US3217 BROOKFOREST DR
P.O. BOX 485
TALLAHASSEE FL 32312-2002
US3. Date Incorporated or Qualified
01/19/19883a. Date of Last Report
04/06/19964. FEI Number
65-0068784Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, KATHRYN L.
3217 BROOKFOREST DRIVE
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME POWELL, THOMAS. L.
STREET ADDRESS 3217 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE FL 323121.1 TITLE President-D ☒ Change ☐ Addition
1.2 NAME Carey Haughwout
1.3 STREET ADDRESS 3217 Brookforest Dr.
1.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE PED ☐ DELETE
NAME HAUGHWOUT, CAREY
STREET ADDRESS 3217 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE FL 323122.1 TITLE President-elect-D ☒ Change ☐ Addition
2.2 NAME J. Cheney Mason
2.3 STREET ADDRESS 3217 Brookforest Dr.
2.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE VPD ☐ DELETE
NAME MASON, J. CHENEY
STREET ADDRESS 3217 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE FL 323123.1 TITLE Vice President-D ☒ Change ☐ Addition
3.2 NAME Diane Buerger
3.3 STREET ADDRESS 3217 Brookforest Dr.
3.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE TD ☐ DELETE
NAME BUERGER, DIANE
STREET ADDRESS 3217 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE FL 323124.1 TITLE Treasurer-D ☒ Change ☐ Addition
4.2 NAME Barry Beroset
4.3 STREET ADDRESS 3217 Brookforest Dr.
4.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE SD ☐ DELETE
NAME BEROSSET, BARRY
STREET ADDRESS 3217 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE FL 323125.1 TITLE Secretary-D ☐ Change ☒ Addition
5.2 NAME David Rothman
5.3 STREET ADDRESS 3217 Brookforest Dr.
5.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Beroset 3/24/97 904/438-3111

Date

Daytime Phone #0008470

CR2E037 (9/96)