FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 29 1998 8:00am
Secretary of State

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 US	3217 BROOKFOREST DR P.O. BOX 485 TALLAHASSEE FL 32312 US

3. Date Incorporated or Qualified: 01/19/1988

4. FEI Number: 65-0068784 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3217 Brookforest Dr.	26 3217 Brookforest Dr.
22 Suite, Apt. #, etc. P. O. Box 1528	27 Suite, Apt. #, etc. P. O. Box 1528
23 City & State Tallahassee, FL	28 City & State Tallahassee, FL
24 Zip 32312 25 Country Leon	29 Zip 32312 30 Country Leon

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	Vice President D	XX Change ☐ Addition
NAME	BEROSET, BARRY		1.2 NAME	Barry Beroset	
STREET ADDRESS	3217 BROOKFOREST DR.		1.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	PD	☐ DELETE	2.1 TITLE	Past President	XX Change ☐ Addition
NAME	HAUGHWOUT, CAREY		2.2 NAME	Carey Haughwout	
STREET ADDRESS	3217 BROOKFOREST DR.		2.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	PD	☐ DELETE	3.1 TITLE	President	XX Change ☐ Addition
NAME	MASON, J. CHENEY		3.2 NAME	J. Cheney Mason	
STREET ADDRESS	3217 BROOKFOREST DR.		3.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VPD	☐ DELETE	4.1 TITLE	President-elect D	XX Change ☐ Addition
NAME	BUERGER, DIANE		4. 2 NAME	Diane Buerger	
STREET ADDRESS	3217 BROOKFOREST DR.		4.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	SD	XX DELETE	5.1 TITLE	Secretary	☐ Change XX Addition
NAME	BEROSET, BARRY		5.2 NAME	Jerry Berry	
STREET ADDRESS	3217 BROOKFOREST DR.		5.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	SD	☐ DELETE	6.1 TITLE	Treasurer	XX Change ☐ Addition
NAME	RITHMAN, DAVID		6.2 NAME	David Rothman	
STREET ADDRESS	3217 BROOKFOREST DR		6.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, FL 32312	

CR2E037 (10/97)

14. I 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: S.E. DAVID ROTHMAN JAN 23, 1998 3053589000