02241999-90151-022-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24393

1. Corporation Name
FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.

Principal Place of Business	Mailing Address
3217 BROOKFOREST DR P.O. BOX 1528 TALLAHASSEE FL 32312 US	3217 BROOKFOREST DR P.O. BOX 1528 TALLAHASSEE FL 32312 US

[redacted]

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

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

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

9. Name and Address of Current Registered Agent

BRADLEY, KATHRYN L.
3217 BROOKFOREST DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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	VPD	☐ DELETE	1.1 TITLE	President-elect/D	☒ Change ☐ Addition
NAME	BEROSET, BARRY		1.2 NAME	Beroset, Barry	
STREET ADDRESS	3217 BROOKFOREST DR.		1.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	PP	☒ DELETE	2.1 TITLE	Past President/D	☒ Change ☐ Addition
NAME	HAUGHWOUT, CAREY		2.2 NAME	Mason, J. Cheney	
STREET ADDRESS	3217 BROOKFOREST DR.		2.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	P	☐ DELETE	3.1 TITLE	President/D	☒ Change ☐ Addition
NAME	MASON, J. CHENEY		3.2 NAME	Buerger, Diane	
STREET ADDRESS	3217 BROOKFOREST DR.		3.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	PED	☐ DELETE	4.1 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	BUERGER, DIANE		4.2 NAME	Rothman, David	
STREET ADDRESS	3217 BROOKFOREST DR.		4.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	S	☐ DELETE	5.1 TITLE	Treasurer/D	☒ Change ☐ Addition
NAME	BERRY, JERRY		5.2 NAME	Berry, Jerry	
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	T	☐ DELETE	6.1 TITLE	Secretary/D	☒ Change ☒ Addition
NAME	ROTHMAN, DAVID		6.2 NAME	de Vlaming, Denis	
STREET ADDRESS	3217 BROOKFOREST DR		6.3 STREET ADDRESS	3217 Brookforest Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		6.4 CITY-ST-ZIP	Tallahassee, FL 32312	

3-29-99

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, with all other like empowered.

SIGNATURE: /s/ SIGNATURE REQUIRED 1/18/98 941 7752265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

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NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE