2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90003 023 ****61.25

DOCUMENT # N24393

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

54067428

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

07122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1419 N. Bronough St. Suite, Apt. #, etc.	P.O. Box 1528 Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: U.S.	Zip: 32302 Country: U.S.

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADLEY, KATHRYN L 3217 BROOKFOREST DRIVE TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathryn L. Bradley Kathryn L. Bradley 7-12-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	PED	☑ Change ☐ Addition
NAME	SHURE, MICHAEL J		NAME	Michael J. Shure	
STREET ADDRESS	3217 BROOKFOREST DR.		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	PED	☐ Delete	TITLE	IPPD	☑ Change ☐ Addition
NAME	FUSSELL, DAVID		NAME		
STREET ADDRESS	3217 BROOKFOREST DR.		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	KURRUS, THOMAS W		NAME		
STREET ADDRESS	3217 BROOKFOREST DR.		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	SD	☐ Delete	TITLE	TD	☑ Change ☐ Addition
NAME	SMITH, RUSSELL A		NAME		
STREET ADDRESS	3217 BROOKFOREST DR.		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	IPPD	☑ Delete	TITLE	VD	☐ Change ☑ Addition
NAME	BERRY, JERRY		NAME	Jeffrey M. Harris	
STREET ADDRESS	3217 BROOKFOREST DR.		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	PD	☑ Delete	TITLE	SD	☐ Change ☑ Addition
NAME	DE VLAMING, DENIS		NAME	Richard Hersch	
STREET ADDRESS	3217 BROOKFOREST DR		STREET ADDRESS	1419 N. Bronough St.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32303	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Russell SMITH 8/4/04 1-800-369-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #