

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24393

FILED
Feb 02, 2005
Secretary of State

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

Current Principal Place of Business:

1419 N BRONOUGH ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1528
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 65-0068784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, KATHRYN L
3217 BROOKFOREST DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: SNURE, MICHAEL J
Address: 1419 N BRONOUGH
City-St-Zip: TALLAHASSEE, FL 32312

Title: IPPD () Delete
Name: FUSSELL, DAVID
Address: 1419 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: KURRUS, THOMAS W
Address: 1419 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: SMITH, RUSSELL A
Address: 1419 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: HARRIS, JEFFREY M
Address: 1419 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: HERSCH, RICHARD
Address: 1419 N BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. KURRUS

PD

02/02/2005

Electronic Signature of Signing Officer or Director

Date