FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N26455

(8)

INDIAN RIVER COUNTY ASSOCIATION OF CRIMINAL DEFE NSE LAWYERS INC.

NSE L	AWYERS INC.								
Principal Plac	e of Business	Mailin	g Address				i Balia debaia didik didik d	JHD11 8 HD11 0 H 8 11 10D1	
1245 20TH STREET 1245 20TH		rman A. Green Oth Street Beach Fl 32960-	-3557						
						3. Date incorporated or Qualified 05/16/1988	3a. Date of L 03/12	ast Report 2 /1996	
			Mailing Address			4. FEI Number NOT APPLICABLE		Applied For	
Suite, Apt #, etc.			Suite, Apt. #, etc.			101111111111111111111111111111111111111		Not Applicable 75 Additional	
22		27	27			5. Certificate of Status Desired	Certificate of Status Desired Fee Required		
City & State		├ ─┐	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zır)	Country	,	This corporation has liability for		 	
24	25	29		30			Yes 🔀 No		
	9. Name and Address of Curr	ent Registere	d Agent		T	10. Name and Address of New R	egistered Agent		
				81	Name				
Green, Norman A. 1245 20th Street			82	Street Add	fress (P.O. Box Number is Not Accepte	ible)			
	EACH FL 32960			83					
,				84	City		85	Zip Code	
-1					,		PL		
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. :	Such change wa	is authorized bi	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of chang opt the appointme	ring its registered nt as registered	
SIGNATURE	The design was seen as	gations of, ot	,000,000,	Tionda olaldic	.				
SIGNATURE	Signature, typied or printed name of registered a	gent and title if ap	plicable (N	IOTE: Registered Ag	ent signature requ	ired when reinstating)	DATE		
12.		ND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	CTORS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE			☐ Chi	ange 🔲 Addition	
NAME	GREEN, NORMAN A.			1.2 NAME					
STREET ADDRESS	1245 20TH STREET			1.3 STREE	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-:	it-21P				
TITLE	D		PELETE	2.1 TITLE			Ch;	ange Addition	
NAME	DEBRAAL, WILIAM K			2.2 NAME	İ				
STREET ADDRESS	1245 20TH STR			2.3 STREE	ADDRESS				
CITY - ST - ZIP	VERO BCH FL	. 		2.4 CITY-	ST-ZIP				
TITLE	0		L. DELETE	3.1 TITLE			Chi	ange Addition	
NAME	SULLIVAN, CHARLES A., JR			3.2 NAME					
STREET ADDRESS	1601-20TH STREET			3.3 STREE	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		Decem	3.4. CITY-	ST-ZIP				
TITLE	FROMANG, STEPHEN	D	☐ DELETE	4.1 TITLE			∟ Chi	ange L Addition	
NAME	1432 21ST STREET			4. 2 NAME					
STREET ADDRESS	VERO BEACH, FL			4.3 STREE	ADDRESS				
CITY - ST - ZIP			Del Exe	4.4 CITY~5	T - ZIP				
TITLE			☐ DELETE	5.1 TITLE			☐ Chi	ange [Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				
CHY-ST-ZIP			Del eve	5.4 CiTY-5	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE			LJ Chi	ange	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ADDRESS				
DITY OF TID	i			■ N. A. C. St. 2	1				

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 and trachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Belle Daytime Phone # MOO

FILED

Feb 05 1997 8:00am

Secretary of State