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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:35

DOCUMENT # N26755 (1)

1. Corporation Name

VOLUNTEER LAWYER'S RESOURCE CENTER OF FLORIDA, INC.

Principal Place of Business

Mailing Address

805 N. GADSDEN ST., SUITE A
TALLAHASSEE FL 32303-3313

805 N. GADSDEN ST., SUITE A
TALLAHASSEE FL 32303-3313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2928940

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, KENNETH R.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RINAMAN JR., JAMES C.
STREET ADDRESS	1200 GULF LIFE DR., #800
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	DOHERTY, PATRICK
STREET ADDRESS	619 TURNER ST.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HART, KENNETH R.
STREET ADDRESS	227 S. CALHOUN ST.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	GOLDSTEIN, STEVEN M.
STREET ADDRESS	COLLEGE OF LAW, FSU
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	SUNDBERG, ALAN
STREET ADDRESS	215 S MONROE ST, 5TH FLOOR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	MULLER, CHANDLER
STREET ADDRESS	1150 LOUISIANA AVE, S-1
CITY - ST - ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	JOSEFSBURG, ROB
43 STREET ADDRESS	1201 City Nat'l Bank Bldg, 15 W Flagler St.
44 CITY - ST - ZIP	Miami, FL 33130
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	1150 Louisiana Ave, Suite 2
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

N 26755

BOARD OF DIRECTORS
FOR
VOLUNTEER LAWYERS' RESOURCE CENTER OF FLORIDA, INC.

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