FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28760** **(9)**

1. Corporation Name

TALLAHASSEE CHAPTER OF THE FLORIDA ASSOCIATION O F CRIMINAL DEFENSE LAWYERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O THOMAS L. POWELL 211 EAST CALL STREET TALLAHASSEE FL 32301	C/O THOMAS L. POWELL 211 EAST CALL STREET TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2911479 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARPER, ROBERT A
300 WEST PARK AVE
TALLAHASSEE FL 32301

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 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 _____ 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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CORRY, WILLIAM W.	1.2 NAME	Dean B. Morphonios	
STREET ADDRESS	318 N. MONROE ST.	1.3 STREET ADDRESS	1102 N. Gadsden Street	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SIMPSON, LARRY	2.2 NAME	Angela Jacobs	
STREET ADDRESS	1102 N. GADSDEN ST.	2.3 STREET ADDRESS	104 Salem Court	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DAVIS, WILLIAM H.	3.2 NAME	Danielle Jordan	
STREET ADDRESS	203 N. GADSDEN ST.	3.3 STREET ADDRESS	1105 Hays Street	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	JACOBS, ANGELA 124 SAL	4.2 NAME	Salesia Smith	
STREET ADDRESS	210 S MONROE ST	4.3 STREET ADDRESS	1501 East Park Avenue	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DIETZEN, LEONARD J.	5.2 NAME	William L. Porter, II	
STREET ADDRESS	318 N. MONRIE ST.	5.3 STREET ADDRESS	418 E. Virginia Street	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GREENBERG, RICHARD	6.2 NAME	Armando Garcia	
STREET ADDRESS	300 W. PARK	6.3 STREET ADDRESS	304 N. Meridian Road	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/95 222-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dean B. Morphonios - P/D

0001808