

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28760 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**C/O THOMAS L. POWELL
~~311 EAST GAIL STREET~~
TALLAHASSEE FL 32301**

**C/O THOMAS L. POWELL
~~311 EAST GAIL STREET~~
TALLAHASSEE FL 32301**

3. Date incorporated or Qualified
10/07/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **124 Salem Ct.**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARPER, ROBERT A
300 WEST PARK AVE
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

000001922760

-08/15/96--01005--031

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Angela S. Jacobs

7-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORPHONIOS, DEAN B	
STREET ADDRESS	1102 N. GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, ANGELA	
STREET ADDRESS	104 SALEM COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, DANIELLE	
STREET ADDRESS	1105 HAYS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, SALESIA	
STREET ADDRESS	1501 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, WILLIAM L	
STREET ADDRESS	418 E. VIRGINIA STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ARMANDO	
STREET ADDRESS	304 N. MERIDIAN ROAD ST.	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACOBS, ANGELA	
1.3 STREET ADDRESS	124 SALEM COURT	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAUNDERS, PAULA	
2.3 STREET ADDRESS	301 S. MONROE STREET	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KVARTER, JOHN	
3.3 STREET ADDRESS	1102 N. Gadsden St.	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SMITH, SALESIA V.	
4.3 STREET ADDRESS	1017 THOMASVILLE RD., SUITE C	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STAFMAN, EDWARD	
5.3 STREET ADDRESS	6950 BRADFORDVILLE RD.	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GARCIA, ARMANDO	
6.3 STREET ADDRESS	304 N. MERIDIAN STREET	
6.4 CITY-ST-ZIP	TALLAHASSEE, FL	

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, 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, or on an attachment with an address.

SIGNATURE

Salesia V. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-11-96

Date

904 681-9888

Daytime Phone #

CR2E037 (12/95)