

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 C/O THOMAS L. POWELL 124 SALEM CT TALLAHASSEE FL 32301	Mailing Address C/O THOMAS L. POWELL 124 SALEM CT TALLAHASSEE FL 32301-2810
--	---

2. Principal Place of Business 21 C/O PAULA S. SAUNDERS Suite, Apt. #, etc. Leon County Courthouse 301 S. Monroe St. Suite 401 City & State Tallahassee, FL Zip 32301 Country USA	2a. Mailing Address 26 C/O Paula S. Saunders Suite, Apt. #, etc. Leon County Courthouse 301 S. Monroe St. Suite 401 City & State Tallahassee, FL Zip 32301 Country USA	3. Date Incorporated or Qualified 10/07/1988	3a. Date of Last Report 08/14/1996
		4. FEI Number 59-2911479	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Paula S. Saunders 82 Street Address (P.O. Box Number is Not Acceptable) Leon County Courthouse 83 301 S. Monroe St. Suite 401 84 City Tallahassee FL 85 Zip Code 32301	
---	--	---	--

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 Paula S. Saunders Paula S. Saunders Resident DATE February 6, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE JACOBS, ANGELA 124 SALEM COURT TALLAHASSEE FL 32301	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, ANGELA		1.2 NAME Paula S. Saunders	
STREET ADDRESS 124 SALEM COURT		1.3 STREET ADDRESS 301 S. Monroe St Suite 401	
CITY-ST-ZIP TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP Tallahassee, FL 32301	
TITLE VD	<input checked="" type="checkbox"/> DELETE SAUNDERS, PAULA 301 S. MONROE ST TALLAHASSEE FL 32301	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAUNDERS, PAULA		2.2 NAME John Kvar tek	
STREET ADDRESS 301 S. MONROE ST		2.3 STREET ADDRESS 1102 N. Gadsden	
CITY-ST-ZIP TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP Tallahassee, FL 32303	
TITLE SD	<input checked="" type="checkbox"/> DELETE KVARTEK, JOHN 1102 N. GADSDEN TALLAHASSEE FL 32303	3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KVARTEK, JOHN		3.2 NAME Gary Roberts	
STREET ADDRESS 1102 N. GADSDEN		3.3 STREET ADDRESS 528 East Park Ave.	
CITY-ST-ZIP TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP Tallahassee, FL 32301	
TITLE TD	<input checked="" type="checkbox"/> DELETE SMITH, SALESIA 1017 THOMASVILLE RD. SUITE C TALLAHASSEE FL 32303	4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, SALESIA		4.2 NAME Richard A. Greenberg	
STREET ADDRESS 1017 THOMASVILLE RD. SUITE C		4.3 STREET ADDRESS P.O. Box 925 N/A	
CITY-ST-ZIP TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP Tallahassee, FL 32302	
TITLE D	<input type="checkbox"/> DELETE STAFMAN, EDWARD 6950 BRADFORDVILLE RD TALLAHASSEE FL 32308	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAFMAN, EDWARD		5.2 NAME	
STREET ADDRESS 6950 BRADFORDVILLE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE GARCIA, ARMANDO 304 N. MERIDIAN ROAD TALLAHASSEE FL	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, ARMANDO		6.2 NAME Armando Garcia	
STREET ADDRESS 304 N. MERIDIAN ROAD		6.3 STREET ADDRESS 908 Thomasville Rd	
CITY-ST-ZIP TALLAHASSEE FL		6.4 CITY-ST-ZIP Tallahassee, FL 32303	

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, or on an attachment with an address.

SIGNATURE P. Jacobs P. Saunders 2/6/97 (604) 485-2471

CR2E037 (9/96)