

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N28760** (9)

1. Corporation Name

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



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| Principal Place of Business<br><b>C/O SAUNDERS, PAULA S<br/>LEON COUNTY COURTHOUSE, 301 S MONROE #401<br/>TALLAHASSEE FL 32301<br/>US</b> | Mailing Address<br><b>C/O PAULA S SANDERS<br/>LEON COUNTY COURTHOUSE, 301 S MONROE #401<br/>TALLAHASSEE FL 32301<br/>US</b> |
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| 2. Principal Place of Business<br><b>21 c/o Richard A. Greenberg</b><br>Suite, Apt. #, etc.<br><b>22</b> | 2a. Mailing Address<br><b>26 P.O. Box 925</b><br>Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23 Tallahassee, FL</b>  | City & State<br><b>28 Tallahassee, FL</b>   |
| Zip<br><b>24 32302</b>   | Country<br><b>25 US</b>   |
| Zip<br><b>29 32302</b>   | Country<br><b>30 US</b>   |

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| 3. Date Incorporated or Qualified<br><b>10/07/1988</b>   |  |
| 4. FEI Number<br><b>59-2911479</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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| 9. Name and Address of Current Registered Agent<br><b>SAUNDERS, PAULA S<br/>LEON COUNTY COURTHOUSE<br/>301 S MONROE ST, STE 401<br/>TALLAHASSEE FL 32301</b> |  |
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| 10. Name and Address of New Registered Agent                                       |                                |
| 81 Name<br><b>Richard A. Greenberg</b>   |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>325 W. Park Avenue</b> |                                |
| 83   |                                |
| 84 City<br><b>Tallahassee</b>  | 85 Zip Code<br><b>FL 32301</b> |

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| 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<br><i>Richard A. Greenberg</i><br>Signature, typed or printed name of registered agent and title if applicable  | DATE<br><b>2/12/98</b><br>(NOTE: Registered Agent signature required when reinstating) |

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| 12. OFFICERS AND DIRECTORS                        |  |
| TITLE<br><b>SD</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>ROBERTS, GARY</b>                      |  |
| STREET ADDRESS<br><b>528 E PARK AVE</b>           |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL</b>          |  |
| TITLE<br><b>PD</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>SAUNDERS, PAULA</b>                    |  |
| STREET ADDRESS<br><b>301 S MONROE ST, STE 401</b> |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL</b>          |  |
| TITLE<br><b>VD</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>KVARTEK, JOHN</b>                      |  |
| STREET ADDRESS<br><b>1102 N. GADSDEN</b>          |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL</b>          |  |
| TITLE<br><b>TD</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>GREENBERG, RICHARD A</b>               |  |
| STREET ADDRESS<br><b>PO BOX 925 N/A</b>           |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL</b>          |  |
| TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>STAFMAN, EDWARD</b>                    |  |
| STREET ADDRESS<br><b>6950 BRADFORDVILLE RD</b>    |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL 32308</b>    |  |
| TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>GARCIA, ARMANDO</b>                    |  |
| STREET ADDRESS<br><b>908 THOMASVILLE RD</b>       |  |
| CITY - ST - ZIP<br><b>TALLAHASSEE FL</b>          |  |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  |
| 1.1 TITLE<br><b>SD</b>                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Stover, Kathy</b>                             |  |
| 1.3 STREET ADDRESS<br><b>Leon County Courthouse, Rm. 401</b> |  |
| 1.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          |  |
| 2.1 TITLE<br><b>PD</b>                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Greenberg, Richard</b>                        |  |
| 2.3 STREET ADDRESS<br><b>325 W. Park Avenue</b>              |  |
| 2.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br><b>VD</b>                                       |  |
| 3.2 NAME<br><b>Whittington, Steven</b>                       |  |
| 3.3 STREET ADDRESS<br><b>325 W. Park Avenue</b>              |  |
| 3.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br><b>TD</b>                                       |  |
| 4.2 NAME<br><b>Anstead, Laura</b>                            |  |
| 4.3 STREET ADDRESS<br><b>Leon County Courthouse, Rm. 401</b> |  |
| 4.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br><b>LeBoeuf, Dean</b>                            |  |
| 5.2 NAME<br><b>863 E. Park Avenue</b>                        |  |
| 5.3 STREET ADDRESS<br><b>Tallahassee, FL 32301</b>           |  |
| 5.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br><b>D</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME<br><b>Saunders, Paula</b>                           |  |
| 6.3 STREET ADDRESS<br><b>Leon County Courthouse, Rm. 401</b> |  |
| 6.4 CITY - ST - ZIP<br><b>Tallahassee, FL 32301</b>          |  |

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| 14. I 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. |  |
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SIGNATURE: *Richard A. Greenberg* 2/12/98 (850) 681-7848

CR2E037 (10/97)