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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28760

1. Corporation Name

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

Principal Place of Business

C/O RICHARD A. GREENBERG
LEON COUNTY COURTHOUSE, 301 S MONROE #401
TALLAHASSEE FL 32302
US

Mailing Address

P.O. BOX 925
LEON COUNTY COURTHOUSE, 301 S MONROE #401
TALLAHASSEE FL 32302
US



2. Principal Place of Business

21 **FACDL**

2a. Mailing Address

26 **FACDL**

3. Date Incorporated or Qualified

10/07/1988

Suite, Apt. #, etc.

22 **325 West Park Ave.**

Suite, Apt. #, etc.

27 **325 West Park Ave.**

4. FEI Number

59-2911479

Applied For

Not Applicable

City & State

23 **Tallahassee, FL**

City & State

28 **Tallahassee, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 **32301**

Country

25 **USA**

Zip

29 **32301**

Country

30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GREENBERG, RICHARD A.
325 W. PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Steven B. Whittington**
82 Street Address (P.O. Box Number is Not Acceptable)
325 West Park Avenue
83 **Tallahassee**
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STOVER, KATHY	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM. 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, RICHARD	
STREET ADDRESS	325 W. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTINGTON, STEVEN	
STREET ADDRESS	325 W. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANSTEAD, LAURA	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBOEUF, DEAN	
STREET ADDRESS	863 E. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, PAULA	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chet Kaufman	
1.3 STREET ADDRESS	Leon County Courthouse, Rm 401	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steven B. Whittington	
2.3 STREET ADDRESS	325 West Park Avenue	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matt Foster	
3.3 STREET ADDRESS	863 E. Park Avenue	
3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Steven B. Whittington **2/9/99** **224-5900** (850)

CR2E037 (11/98)