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 20 PM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49396** **(7)**

1. Corporation Name

THE ACADEMY OF FLORIDA TRIAL LAWYERS RESEARCH AN D EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
218 S MONROE ST TALLAHASSEE FL 32301	218 S MONROE ST TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1992**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3144722** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CARRUTHERS, SCOTT
218 S MONROE ST
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	V/D	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	BARNHART, GREGORY F	1.2 NAME	Barnhart, Gregory F.	
STREET ADDRESS	2139 PALM BEACH LAKES BLVD.	1.3 STREET ADDRESS	2139 Palm Beach Lakes Blvd.	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	W. Palm Beach, FL 33409	
TITLE	C/D	2.1 TITLE	Delete Mr. Hogan	☒ Change ☐ Addition
NAME	HOGAN, WAYNE	2.2 NAME		
STREET ADDRESS	233 E BAY ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	P/D	3.1 TITLE	S	☐ Change ☒ Addition
NAME	CARRUTHERS, SCOTT	3.2 NAME		
STREET ADDRESS	218 S MONROE ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	T/D	4.1 TITLE	V/D/C	☒ Change ☐ Addition
NAME	LYTAL, LAKE JR	4.2 NAME	Lytal, Lake Jr.	
STREET ADDRESS	P.O. BOX 4056 N/A	4.3 STREET ADDRESS	P.O. Box 4056 N/A	
CITY-ST-ZIP	WEST PALM BCH FL 33402	4.4 CITY-ST-ZIP	W. Palm Beach, FL 33402	
TITLE	S/D	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SLAWSON, RICHARD	5.2 NAME	Slawson, Richard	
STREET ADDRESS	2401 PGA BLVD 140	5.3 STREET ADDRESS	2401 PGA Blvd. 140	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Roselli, Richard J.	
STREET ADDRESS		6.3 STREET ADDRESS	700 SE Third Ave., Suite 100	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an 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: Scott Carruthers — 904-224-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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