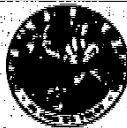


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49396

(7)

1. Corporation Name

**THE ACADEMY OF FLORIDA TRIAL LAWYERS RESEARCH AND
EDUCATION FOUNDATION, INC.**

Principal Place of Business

**218 S MONROE ST
TALLAHASSEE FL 32301**

Mailing Address

**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. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRUTHERS, SCOTT
218 S MONROE ST
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BARNHART, GREGORY F
2139 PALM BEACH LAKES BLVD.
W. PALM BEACH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**C/D
Barnhart, Gregory F.
2139 Palm Beach Lakes Blvd.
W. Palm Beach, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C/D
HOGAN, WAYNE
233 E BAY ST
JACKSONVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Delete Mr. Hogan

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/D
CARRUTHERS, SCOTT
218 S MONROE ST
TALLAHASSEE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
S

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T/D
LYTAL, LAKE JR
P.O. BOX 4056 N/A
WEST PALM BCH FL 33402**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**V/D/C
Lytal, Lake Jr.
P.O. Box 4056 N/A
W. Palm Beach, FL 33402**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S/D
SLAWSON, RICHARD
2401 PGA BLVD 140
PALM BCH GARDENS FL 33410**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**T/D
Slawson, Richard
2401 PGA Blvd. 140
Palm Beach Gardens, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**D
Roselli, Richard J.
700 SE Third Ave., Suite 100
Ft. Lauderdale, FL 33316**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption from filing under Section 110.032, 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
224-9403