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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:40

DOCUMENT # N49783 (6)

1. Corporation Name
FLORIDA LEGAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
315 S. CALHOUN ST. SUITE 502 TALLAHASSEE FL 32301 US	P. O. BOX 10228 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3176944 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J
215 S MONROE STREET
SUITE 701
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	NEDLEY, ROBERT	1.2 NAME		
STREET ADDRESS	300 1ST STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP		
TITLE	CPD	2.1 TITLE		☐ Change ☐ Addition
NAME	RANKIN, TOM L.	2.2 NAME		
STREET ADDRESS	111 E. MADISON STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLIER, MILES	3.2 NAME		
STREET ADDRESS	3003 TAMIAMI TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	S	☒ Change ☐ Addition
NAME	GRAVES, RICHARD	4.2 NAME	WOHL, JAMES	
STREET ADDRESS	8456 OLD DIXIE	4.3 STREET ADDRESS	P.O. Box 3347	
CITY-ST-ZIP	WABASSO FL	4.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DUDA, JOSEPH	5.2 NAME		
STREET ADDRESS	7380 MURRELL ROAD SUITE 201	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, TOM	6.2 NAME		
STREET ADDRESS	7000 S. TAMIAMI TRAIL	6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael L. Rosen 1/25/95 904/681-9346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0027008

V/D
J. Nelson Fairbanks
P.O. Drawer 1207
Clewiston, FL 33440

D
John King
1700 13th Street
Suite 1
St. Cloud, FL 34769

V
Michael L. Rosen
315 S. Calhoun St.
Suite 502
Tallahassee, FL 32301

Asst. S.
Charlotte J. Stout
315 S. Calhoun St.
Suite 502
Tallahassee, FL 32301