

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**07/09/1992**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARFEL, TIMOTHY J  
215 S MONROE STREET  
SUITE 701  
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEDLEY, ROBERT	
STREET ADDRESS	300 1ST STREET	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	RANKIN, TOM L.	
STREET ADDRESS	111 E. MADISON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLIER, MILES	
STREET ADDRESS	3003 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	S D	<input type="checkbox"/> DELETE
NAME	WOHL, JAMES	
STREET ADDRESS	P.O. BOX 3347	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUDA, JOSEPH	
STREET ADDRESS	7380 MURRELL ROAD SUITE 201	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, TOM	
STREET ADDRESS	7000 S. TAMiami TRAIL	
CITY-ST-ZIP	VENICE FL 34293	

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	J. Nelson Fairbanks	
13 STREET ADDRESS	P.O. Drawer 1207	
14 CITY-ST-ZIP	Clewiston, FL 33440	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George Spencer	
23 STREET ADDRESS	13754 Deseret Lane	
24 CITY-ST-ZIP	St. Cloud, FL 34773	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Joe Marlin Hilliard	
33 STREET ADDRESS	Route 2, Box 175	
34 CITY-ST-ZIP	Clewiston, FL 33440	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Nancy Davis	
43 STREET ADDRESS	80 S.W. 8th St., Suite 2110	
44 CITY-ST-ZIP	Miami, FL 33130	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Pat Wilson	
53 STREET ADDRESS	P.O. Box 65	
54 CITY-ST-ZIP	Frostproof, FL 33843	
61 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Michael L. Rosen	
63 STREET ADDRESS	P.O. Box 10228	
64 CITY-ST-ZIP	Tallahassee, FL 32302	

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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Rosen

1/17/96

904/681-9346

Date

Daytime Phone #

CR2E037 (12/95)