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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USP. O. BOX 10228
TALLAHASSEE FL 32302-2228
US3. Date Incorporated or Qualified
07/09/19923a. Date of Last Report
01/25/1996

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

4. FEI Number

59-3176944

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

Michael L. Rosen

82 Street Address (P.O. Box Number is Not Acceptable)

315 S. Calhoun St., Ste. 502

83

Barnett Bank Building

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

4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME FAIRBANKS, J. NELSON
STREET ADDRESS 111 Ponce de Leon Ave.
CITY-ST-ZIP CLEWISTON FL 334401.1 TITLE CPD ☐ Change ☒ Addition
1.2 NAME Rankin, Tom L.
1.3 STREET ADDRESS 101 E. Kennedy Blvd., Ste. 3460
1.4 CITY-ST-ZIP Tampa, FL 33602TITLE D ☒ DELETE
NAME SPENCER, GEORGE
STREET ADDRESS 13754 DESERET LANE
CITY-ST-ZIP ST. CLOUD FL2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Payne, James
2.3 STREET ADDRESS 13754 Deseret Ln.
2.4 CITY-ST-ZIP St. Cloud, FL 34773TITLE D ☐ DELETE
NAME HILLIARD, JOE MARLIN
STREET ADDRESS ROUTE 2, BOX 175
CITY-ST-ZIP CLEWISTON FL3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Wohl, James
3.3 STREET ADDRESS P.O. Box 1069 (N/A)
3.4 CITY-ST-ZIP Sebring, FL 33871TITLE D ☐ DELETE
NAME DAVIS, NANCY
STREET ADDRESS 80 SW 8TH ST., SUITE 2110
CITY-ST-ZIP MIAMI FL4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME Flood, Thomas J.
4.3 STREET ADDRESS 3003 Tamiami Trail
4.4 CITY-ST-ZIP Naples, FL 33940TITLE D ☐ DELETE
NAME WILSON, PAT
STREET ADDRESS 33 E. Wall Street
CITY-ST-ZIP FROSTPROOF FL 338435.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Allen, Bob D.
5.3 STREET ADDRESS 149 S. Ridgewood Avenue
5.4 CITY-ST-ZIP Daytona Beach, FL 32114TITLE V ☐ DELETE
NAME ROSEN, MICHAEL L.
STREET ADDRESS 315 S. Calhoun St., 502 Barnett Bank Bldg.
CITY-ST-ZIP TALLAHASSEE FL6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME Stout, Charlotte
6.3 STREET ADDRESS 315 S. Calhoun St., 502 Barnett Bank Bldg.
6.4 CITY-ST-ZIP Tallahassee, FL 32301

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes, and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006100

MICHAEL L. ROSEN

4/15/97

904/681-9346

CP2E037 (9/96)