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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49783**

1. Corporation Name

**FLORIDA LEGAL FOUNDATION, INC.**

Principal Place of Business

315 S. CALHOUN ST.  
SUITE 502  
TALLAHASSEE FL 32301  
US

Mailing Address

P. O. BOX 10228  
TALLAHASSEE FL 32302  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/09/1992

4. FEI Number

59-3176944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROSEN, MICHAEL L.  
315 S. CALHOUN ST., STE. 502  
~~BARNETT BANK BLDG~~ NationsBank Plaza  
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 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

TITLE **VD** ☐ DELETE

NAME **FAIRBANKS, J. NELSON**  
STREET ADDRESS **111 PONCE DE LEON AVE**  
CITY-ST-ZIP **CLEWISTON FL**

TITLE **D** ☐ DELETE

NAME **PAYNE, JAMES**  
STREET ADDRESS **13754 DESERET LN**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ DELETE

NAME **HILLIARD, JOE MARLIN**  
STREET ADDRESS **ROUTE 2, BOX 175**  
CITY-ST-ZIP **CLEWISTON FL**

TITLE **D** ☐ DELETE

NAME **DAVIS, NANCY**  
STREET ADDRESS **80 SW 8TH ST., SUITE 2110**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **WILSON, PAT**  
STREET ADDRESS **33 E WALL ST**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **V** ☐ DELETE

NAME **ROSEN, MICHAEL L.**  
STREET ADDRESS **315 S. CALHOUN ST., 502 BARNETT BANK BLDG.**  
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

315 S. Calhoun St., 502 NationsBank Plaza

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Michael L. Rosen*  
**SIGNATURE REQUIRED**

4/21/99

850/681-9346

Date

Daytime Phone #

CR2E037 (11/98)

N49 183  
444759-9028-22

13. Additional Officers and Directors.

PD

Griffin, Ben Hill, III  
700 S. Scenic Hwy. 27  
Frostproof, FL 33843

D

Gentry, Richard  
201 E. Park Avenue  
Tallahassee, FL 32301

VD

Rankin, Tom L.  
Suite 3460  
101 East Kennedy Boulevard  
Tampa, FL 33602

D

Marinelli, Paul  
2600 Golden Gate Pkwy.  
Suite 200  
Naples, FL 33401-3038

VD

Flood, Thomas J.  
3003 Tamiami Trail  
Naples, FL 33940

TD

Allen, Bob D.  
149 S. Ridgewood Avenue  
Daytona Beach, FL 32114

SD

Chapman, Tracy Duda  
1975 West State Road 426  
Oviedo, FL 32765

D

Butler, Scottie J.  
5700 S.W. 34<sup>th</sup> Street  
Gainesville, FL 32608

S

Kassack, Charlotte J.  
315 S. Calhoun St., 502 NationsBank Plaza  
Tallahassee, FL 32301

D

Brabson, John  
400 N. Tampa Street  
Tampa, FL 33602