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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # N50207 (2)

1. Corporation Name
ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
112 WEST CITRUS ST. STE 2 ALTAMONTE SPRINGS FL 32714	112 WEST CITRUS ST. STE 2 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3142621 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

ALPER, HARVEY M.
112 W. CITRUS ST.
ALTAMONTE SPRINGS FL 32714

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	ALPER, HARVEY M.	1.2 NAME	Will Murphy
STREET ADDRESS	112 W. CITRUS ST.	1.3 STREET ADDRESS	4770 Biscayne Blvd., Ste 960
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	D	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	LITTLE, JOSEPH	2.2 NAME	Leo Bueno
STREET ADDRESS	3731 N.W. 13TH PLACE	2.3 STREET ADDRESS	Post Office Box 440545
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Miami, FL 33144-0545
TITLE	STV	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	LITTLE, JOSEPH	3.2 NAME	Jane E. Hendricks
STREET ADDRESS	3731 N.W. 13TH PLACE	3.3 STREET ADDRESS	3191 Coral Way, North 115
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	D	4.1 TITLE	Director ☐ Change ☒ Addition
NAME	TRAWICK, HENRY P J	4.2 NAME	Linda Rohrbaugh
STREET ADDRESS	2051 MAIN STREET	4.3 STREET ADDRESS	Post Office Box 725025 N/A
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Orlando, FL 32872
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Richard B. Kay
STREET ADDRESS		5.3 STREET ADDRESS	222 U.S. Highway 1, Ste 208
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE		6.1 TITLE	Director ☐ Change ☒ Addition
NAME		6.2 NAME	Dennis A. Lopez
STREET ADDRESS		6.3 STREET ADDRESS	210 North Pierce Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33602

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: Harvey M. Alper, Pres. 407 869-0900
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — Date — Daytime Phone #
1-27-95

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