

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 # 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**

3. Date Incorporated or Qualified
07/29/1992

3a. Date of Last Report
02/01/1995

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

59-3142621

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**

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

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 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 **DP** ☐ DELETE
NAME **ALPER, HARVEY M.**
STREET ADDRESS **112 W. CITRUS ST.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **LITTLE, JOSEPH**
STREET ADDRESS **3731 N.W. 13TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **STV** ☐ DELETE
NAME **LITTLE, JOSEPH**
STREET ADDRESS **3731 N.W. 13TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **TRAWICK, HENRY P J**
STREET ADDRESS **2051 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **MURPHY, WILL**
STREET ADDRESS **4770 BISCAYNE BLVD, STE 960**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **BUENO, LEO**
STREET ADDRESS **PO BOX 440545**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Jane E. Hendricks**
1.3 STREET ADDRESS **3191 Coral Way, North 115**
1.4 CITY-ST-ZIP **Miami, FL 33145**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Richard B. Kay**
2.3 STREET ADDRESS **222 U.S. Hwy. 1, Suite 208**
2.4 CITY-ST-ZIP **Tequesta, FL 33469**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Paul A. Miller**
3.3 STREET ADDRESS **1217 E. Robinson Street**
3.4 CITY-ST-ZIP **Orlando, FL 32801**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Laurence A. Steel**
4.3 STREET ADDRESS **14502 N. Dale Mabry, Suite 200**
4.4 CITY-ST-ZIP **Tampa, FL 33618**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARVEY M. ALPER

1/22/96

407-869-0900

Date

Daytime Phone #

CR2E037 (12/95)