

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 32714112 WEST CITRUS ST.
STE 2
ALTAMONTE SPRINGS FL 32714-25023. Date Incorporated or Qualified
07/29/19923a. Date of Last Report
01/29/1996

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

4. FEI Number
59-3142621Applied For
Not Applicable5. 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

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

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **ALPER, HARVEY M.**
CITY-ST-ZIP **112 W. CITRUS ST.**
ALTAMONTE SPRINGS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LITTLE, JOSEPH**
3731 N.W. 13TH PLACE
GAINESVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **STV**
STREET ADDRESS **LITTLE, JOSEPH**
CITY-ST-ZIP **3731 N.W. 13TH PLACE**
GAINESVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TRAWICK, HENRY P J**
CITY-ST-ZIP **2051 MAIN STREET**
SARASOTA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MURPHY, WILL**
CITY-ST-ZIP **4770 BISCAYNE BLVD, STE 960**
MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BUENO, LEO**
CITY-ST-ZIP **PO BOX 440545**
MIAMI FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **112 W. Citrus Street**
6.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

14. I do 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013104

CR2E037 (9/96)