

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90022 037 ****61.25

DOCUMENT # N50207

1. Corporation Name

ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

112 WEST CITRUS ST.
STE 2
ALTAMONTE SPRINGS FL 32714

Mailing Address

112 WEST CITRUS ST.
STE 2
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/29/1992

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

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 ☐ DELETE

TITLE DP
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 112 W CITRUS STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Jane E. Hendricks
1.3 STREET ADDRESS 7436 S.W. 117th Av., #170
1.4 CITY-ST-ZIP Miami, FL 33183

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Richard B. Kay
2.3 STREET ADDRESS 222 U.S. Hwy 1, Ste 208
2.4 CITY-ST-ZIP Tequesta, FL 333469

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Calvin Garst
3.3 STREET ADDRESS 4804 Manatee Avenue West
3.4 CITY-ST-ZIP Bradenton, FL 34209

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Kit Carson
4.3 STREET ADDRESS P. O. Box 1211
4.4 CITY-ST-ZIP Daytona Beach, FL 32115

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Laurence A. Steele
5.3 STREET ADDRESS 2901 W. Bush Blvd., Suite 610
5.4 CITY-ST-ZIP Tampa, FL 33618

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE: ALPER, HARVEY M. (Harvey M. Alper) 3/17/99 869-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)