

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 # N93000000151 (1)

1. Corporation Name

**THE FLORIDA ACADEMY OF PUBLIC INTEREST LAWYERS,
INCORPORATED**



Principal Place of Business Mailing Address

% SEMET.LICKSTEIN.MORGENSTERN.BERGER ETAL **% SEMET.LICKSTEIN.MORGENSTERN.BERGER ETAL**
201 ALHAMBRA CIRCLE, SUITE 1200 **201 ALHAMBRA CIRCLE, SUITE 1200**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

3. Date Incorporated or Qualified 01/07/1993	3a. Date of Last Report 04/28/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND,
BROOKE & GORDON, P.A.
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	D	<input type="checkbox"/> DELETE
NAME	HANLON, STEPHEN F ESQ	
STREET ADDRESS	315 SO. CALHOUN ST., #600	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, JODI ESQ	
STREET ADDRESS	115-A NE SEVENTH AVENUE	
CITY - ST - ZIP	GAINESVILLE FL 32601-4391	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELZ, RICHARD ESQ	
STREET ADDRESS	3025 W. UNIVERSITY AVENUE	
CITY - ST - ZIP	GAINESVILLE FL 32607-2537	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM E JR	
STREET ADDRESS	3100 SW NINTH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/96

904-425-5610

Date

Daytime Phone #

CR2E037 (12/95)