## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600003535

THE INSTITUTE FOR LAW AND SOCIETY, INC.

Principal Place of Business

Mailing Address

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90021 020 \*\*\*\*61.25

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2970 N. UMBEI TALLAHASSEE		2970 N. UMBERLA TALLAHASSEE FL								
— ·	ace of Business	2a. Mailing Addre	ess		-		3. Date Incorporated or Qualifed 07/03/1996			
Suite, Apt.	# ata	Suite, Apt. #,	etc ·				4. FEI Number		Anr	lied For
	m, etc.	27	oto.				59-3388604		<del></del>	Applicable
City & State		City & State	•			<del></del>			\$8.75 A	
23		28					5. Certifcate of Status Desired		Fee Rec	
Zip	Country	Zip	-	ountry	,		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30	•			Trust Fund Contribution		Added to	
	9. Name and Address of Current		1001	$\neg$			10. Name and Address of New F	Registered /	Agent	
				81	Na	ıme		_		
MACTEDO	on, stephen M			82	-		ess (P.O. Box Number is Not Accepte	able)		
				02	311	eet Addis	ess (P.O. Box Number is Not Accepta	301 <del>0</del> )	•	
	MBERLAND DR. ISEE FL 32308			83						
TALLAHAS	NEE FL 32306				ļ.,				7:00	
				84	Ci	y		FL	85 Zip C	-008
office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida, Such chang ons of, Section 617.0	je was authori: 503, Florida S	zed by tatutes	tne ( S.	corporatio	n's board of directors. I hereby accep	pt the appoir	changing its itment as reg	registered istered
	Signature, typed or printed name of registered agent				at sign:	sture required	when reinstating)	DATE	D DIDECTO	DE IN 12
12.	OFFICERS AND			3.			ADDITIONS/CHANGES TO OF	FICERS AN		Addition
TITLE	ED	□ DE	LETE 1.	1 TITLE					Change	☐ watantas
NAME	Masterson, Stephen M		1.	2 NAME				}		1
STREET ADDRESS	2970 N. UMBERLAND DRIVE		1.	3 STREE	T ADDF	RESS				į
CITY-ST-ZIP	TALLAHASSEE FL 32308			4 CITY-S	ST-ZIP			_		
TITLE	SD .	DE	LETE 2.	1 TITLE			•		Change	Addition
NAME	CACCIATORE, S. SAMMY JR.		2.	2 NAME						
STREET ADDRESS	525 N. HARBOR CITY BLVD.	<b>_</b>	2.	3 STREE	TADDE	RESS	نوا جايمت	~		
CITY-ST-ZIP	MELBOURNE FL 32936		2.	4 CITY-S	ST-ZIP					
TITLE	CD	☐ DE	LETE 3.	1 TITLE					Change	Addition
NAME	COKER, HOWARD C		3.	2 NAME				•		
STREET ADDRESS	136 EAST BAY STREET		3.	3 STREE	T ADDI	RESS	·			1
CITY-ST-ZIP	JACKSONVILLE FL 32201		3.	4. CITY-5	ST-ZIP					
TITLE		□ DE	LETE 4.	1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			4.	2 NAME		ļ				1
STREET ADORESS			4.	3 STREE	TADD	RESS				
CITY-ST-ZIP			4.	4 CITY-S	ST-ZIP					
TITLE		□ DE	LETE 5.	1 TITLE					Change	Addition
NAME			5.	2 NAME						
STREET ADDRESS			5.	3 STREE	T ADDI	RESS				
CITY-ST-ZIP			5.	4 CITY-S	ST-ZIP					ļ
	SLE & FIG.	☐ DE	LETE 6.	1 TIFLE		1		, ,	Change	Addition
			6.	2 NAME						
	ing the control of th		6.	3 STREE	T ADDI	RESS				
CITY-ST-ZIP	ar art. Description			4 CITY-S						

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: