


FILE NOW: FILING FEE IS \$61.25

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Apr 08, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000003535</b>					
1. Corporation Name <b>THE INSTITUTE FOR LAW AND SOCIETY, INC.</b>					
Principal Place of Business 2970 N. UMBERLAND DR. TALLAHASSEE FL 32308			Mailing Address 2970 N. UMBERLAND DR. TALLAHASSEE FL 32308		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/03/1996	
22 City & State		27 City & State		4. FEI Number 59-3388604	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>MASTERSON, STEPHEN M 2970 N. UMBERLAND DR. TALLAHASSEE FL 32308</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			1.2 NAME		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE			2.2 NAME		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE			3.2 NAME		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE			4.2 NAME		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE			5.2 NAME		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE			6.2 NAME		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		

SIGNATURE: Stephen M Masterson 4/2/99 85D 644 3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)