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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

Principal Place of Business

N96000006308 (8)

Mailing Address

LAW & LIBERTY FOUNDATION, INC.

221 E. SEVENTH AVENUE 221 E. SEVENTH AVENUE TALLAHASSEE FL 32303-5518 TALLAHASSEE FL 32303 3. Date Incorporated or Qualified 12/12/1996 3a. Date of Last Report 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALKER, DANIEL 82 Street Address (P.O. Box Number is Not Acceptable) 221 E. SEVENTH AVENUE 83 TALLAHASSEE FL 32303 City 84 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, appraccapt the objections of, Section 617.0503, Florida Statutes. Signature typed or printed nar stered agent and title if applicable Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. (96/6) DELETE Change TITLE 1.1 TITLE WALKER, DANIEL 1.2 NAME NAME CR2E037 221 E. SEVENTH AVENUE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DANIEL MONTGOMERY NAME 2.2 NAME 4515 CARR LANG WAY 2.3 STREET ADDRESS 400002168044--8 STREET ADDRESS TALLAHASSEE FL 32312 2.4 CITY-ST-ZIP CITY-ST-7IP DELETE TITLE 3.1 TITLE JOHN SMITH NAME 3.2 NAME 2622 NOBLE DR. 3.3 STREET ADDRESS STREET ADDRESS 32312-3477 CITY-ST-ZIP TALLAHANSEE 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



nformation indicated on this an	rmation supplied with this fiting does not qualify for the exemption stated in Section and report or supplemental annual report is true and accurate and that my signal and accurate and that my signal and the supplemental annual report is true and accurate and that my signal and the supplemental annual report is true and accurate and that my signal and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate annual report is true annu	iture shall have the same legal	effect as if made under oath;	that
ppears in Block 12 or Block 1	a corporation or the receiver or trustee empowered to execute this report as requi 3 if changed, or on an attachment with an address.	iled by Chapter 617, Florida St	atutes, and triat my hame	
NATURE:	3 if changed or on an attachment with an address.	4/30/97	224 <b>-5</b> 545	

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

**5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-ST-2iP 14. ]

CITY-ST-ZIP

TITLE

NAME

Change

■ Addition