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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006308 (8)**

1. Corporation Name

**LAW & LIBERTY FOUNDATION, INC.**

Principal Place of Business

**221 E. SEVENTH AVENUE  
TALLAHASSEE FL 32303**

Mailing Address

**221 E. SEVENTH AVENUE  
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

**12/12/1996**

④ FEI Number

**APPLIED FOR 59-3448229**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, DANIEL  
221 E. SEVENTH AVENUE  
TALLAHASSEE FL 32303**

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

**4/30/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, DANIEL</b>	
STREET ADDRESS	<b>221 E. SEVENTH AVENUE</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, DANIEL</b>	
STREET ADDRESS	<b>9515 CARR LANE WAY</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JOHN</b>	
STREET ADDRESS	<b>2822 NOBLE DRIVE</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312-3477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>CARL STRANG</b>
4.3 STREET ADDRESS	<b>P.O. BOX 194 1050 W. LAKE DR.</b>
4.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33882-0194</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WILLIAM CUPP</b>
5.3 STREET ADDRESS	<b>2525 BREEZEWOOD DR.</b>
5.4 CITY - ST - ZIP	<b>MARION IN 46952-9271</b>
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 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.

SIGNATURE:

*Daniel Walker*

**DANIEL WALKER**

**4/30/98**

**(850)-224-5545**

CR2E037 (10/97)