

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13342

Entity Name: FLORIDA LAWYERS ASSISTANCE, INC.**Current Principal Place of Business:**2335 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH, FL 33062**Current Mailing Address:**2335 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH, FL 33062 US**FEI Number:** 59-2642210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, WAYNE LARUE
509 WHITEHEAD STREET
KEY WEST, FL 33040 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** WAYNE LARUE SMITH

04/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT/DIRECTOR
Name	MIN, BARNABY
Address	444 SW 2ND AVENUE SUITE #945
City-State-Zip:	MIAMI FL 33130
Title	PRESIDENT ELECT/DIRECTOR
Name	OLSON, NANETTE J. ESQ.
Address	JOHN KNOX VILLAGE FOUNDATION 651 SW 6TH STREET
City-State-Zip:	POMPANO BEACH FL 33060
Title	DIRECTOR
Name	FOX, GARRICK N. ESQ.
Address	747 S. RIDGEWOOD AVENUE #209
City-State-Zip:	DAYTONA BEACH FL 32114-5337
Title	DIRECTOR
Name	JOURNEY, MARK A. ESQ.
Address	101 NE 3RD AVENUE SUITE #1800
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY/DIRECTOR
Name	BRINKLEY, FAIRLIE MSW
Address	644 LOUDEN AVENUE
City-State-Zip:	DUNNEDIN FL 34698
Title	TREASURER/DIRECTOR
Name	CULLEN, CATHERINE A.
Address	500 S. AUSTRALIAN AVENUE SUITE #543
City-State-Zip:	WEST PALM BEACH FL 33401
Title	DIRECTOR
Name	GISSIN, MATTHEW ESQ.
Address	2020 N. BAYSHORE DRIVE #3702
City-State-Zip:	MIAMI FL 33137
Title	DIRECTOR
Name	MINICUCCI, ELENA R. ESQ.
Address	NOVA, SHEPARD BROAD COLLEGE OF LAW 3305 COLLEGE AVENUE ROOM 193
City-State-Zip:	FORT LAUDERDALE FL 33314

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARNABY MIN

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PINKERT, STEVEN M.D., J.D.
Address 4214 SW 182ND DRIVE
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name SANSONE, WILLIAM F. ESQ.
Address 609 W. DE LEON STREET
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name SMITH, WAYNE LARUE ESQ.
Address 509 WHITEHEAD STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name ZIEGLER, PENELOPE M.D.
Address 407 CENTRE STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name ROTHMAN, MARK A. ESQ.
Address P.O. BOX 521
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name SCHULTE, THOMAS J. ESQ.
Address 2319 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997-9015

Title DIRECTOR
Name WILLIAMS, BARBARA ESQ.
Address P.O. BOX 4498
City-State-Zip: ORLANDO FL 32802