

2020 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

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT/DIRECTOR
Name BRINKLEY, FAIRLIE MSW
Address 644 LOUDEN AVENUE
City-State-Zip: DUNNEDIN FL 34698**Title** TREASURER/DIRECTOR
Name GISSEN, MATTHEW ESQ.
Address 2020 N. BAYSHORE DRIVE
#3702
City-State-Zip: MIAMI FL 33137**Title** DIRECTOR
Name ROTHMAN, MARK A. ESQ.
Address P.O. BOX 521
City-State-Zip: OLDSMAR FL 34677**Title** DIRECTOR
Name SMITH, WAYNE LARUE ESQ.
Address 509 WHITEHEAD STREET
City-State-Zip: KEY WEST FL 33040**Title** SECRETARY/DIRECTOR
Name CULLEN, CATHERINE A.
Address 500 S. AUSTRALIAN AVENUE
SUITE #543
City-State-Zip: WEST PALM BEACH FL 33401**Title** DIRECTOR
Name JOURNEY, MARK A. ESQ.
Address 101 NE 3RD AVENUE
SUITE #1800
City-State-Zip: FORT LAUDERDALE FL 33301**Title** DIRECTOR
Name SANSONE, WILLIAM F. ESQ.
Address 609 W. DE LEON STREET
City-State-Zip: TAMPA FL 33606**Title** DIRECTOR
Name CASSEL, HILLARY ESQ.
Address 4000 HOLLYWOOD BLVD.
#685-S
City-State-Zip: HOLLYWOOD FL 33021**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: CATHERINE CULLEN

SECRETARY/DIRECTOR

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DORSEY, NATASHA ESQ.
Address 753 S. KEARSAGE AVENUE
City-State-Zip: ELMHURST IL 60126

Title DIRECTOR
Name POLLES, ALEXIS EXEC. DIRECTOR, PRN
Address P.O. BOX 16510
City-State-Zip: FERNANDINA BEACH FL 32035

Title DIRECTOR
Name OLSON, NANETTE ESQ.
Address JOHN KNOX VILLAGE FOUNDATION
651 SW 6TH STREET
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name KALIVODA, LOUIS
Address 724 SW 26TH PLACE
City-State-Zip: GAINSVILLE FL 32601

Title DIRECTOR
Name MINN, BARNABY ESQ.
Address 444 SW 2ND AVENUE
#945
City-State-Zip: MIAMI FL 33130