2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13342

Entity Name: FLORIDA LAWYERS ASSISTANCE, INC.

Current Principal Place of Business:

433 PLAZA REAL SUITE 275

BOCA RATON, FL 33432

Current Mailing Address:

433 PLAZA REAL SUITE 275

BOCA RATON, FL 33432 US

FEI Number: 59-2642210 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORT LAUDERDALE FL 33301

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 03/03/2025

Electronic Signature of Registered Agent

Date

FILED Mar 03, 2025

Secretary of State

2400569879CC

Officer/Director Detail:

Title **DIRECTOR** Title SECRETARY

SNEERINGER, MICHAEL ESQ. Name DORSEY, NATASHA ESQ. Name

Address 152 N. OAK STREET Address 9132 STRADA PLACE

#301

WEST PALM BEACH FL 33401

City-State-Zip: ELMHURST IL 60126 NAPLES FL 34108 City-State-Zip:

Title **EMERITI DIRECTOR**

TREASURER

City-State-Zip:

Title

Title PRESIDENT ELECT Name JOURNEY, MARK A. ESQ.

Name CULLEN, CATHERINE A ESQ. Address 101 NE 3RD AVENUE 500 S. AUSTRALIAN AVE. Address

SUITE #1800

Title DIRECTOR

LOPEZ, LIA ESQ. Name EDWARDS, THOMAS L ESQ. Name

11420 NW 122ND STREET Address Address 4156 NW 68TH DRIVE

BLDG. E

City-State-Zip: GAINESVILLE FL 32606 City-State-Zip: MIAMI FL 33178

Title PRESIDENT Title **EMERITI DIRECTOR**

Name MAHARAJ-LUCAS, ASHA Name SMITH, WAYNE LARUE ESQ. Address 1401 BUTTON WILLOW DRIVE

Address **509 WHITEHEAD STREET** City-State-Zip: TALLAHASSEE FL 32305 City-State-Zip: KEY WEST FL 33040

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City-State-Zip:

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: ASHA MAHARAJ-LUCAS Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/03/2025

Date

Officer/Director Detail Continued:

Title EMERITI DIRECTOR

Name FOX, GARRICK

Address P.O. BOX 1011

City-State-Zip: EDGEWATER FL 32132-1011

Title DIRECTOR
Name MOSS, HALEY L.

Address 1280 S. ALHAMBRA CIRCLE, #1207

City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR

Name BEARD, JOSHUA ESQ.
Address 407 N. LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name TYLER, TARA

Address 1400 88TH AVENUE N

City-State-Zip: SAINT PETERSBERG FL 33702

Title DIRECTOR

Name JACOBS, AARON M.
Address 400 N. ASHLEY DRIVE
City-State-Zip: TAMPA FL 33618

Title EMERITI DIRECTOR
Name MURPHY, JOSEPH
Address P.O. BOX 56858

City-State-Zip: SAINT PETERSBURG FL 33732-6858

Title DIRECTOR

Name KAPLAN, JILL PH.D.

Address 5665 PONCE DE LEON BOULEVARD

City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR

Name FINLEY, CHRISTOPHER ESQ.

Address 160SE 6TH AVENUE

#B2

City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR

Name HOWELL, TERRYANN
Address 3775 SW 90TTH AVENUE
City-State-Zip: MIRAMAR FL 33025