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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90235 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004041**

1. Corporation Name  
**NATIONAL LAWYERS ASSOCIATION FOUNDATION, INC.**

224152 - 90235 - 38

Principal Place of Business SPENCER & KLEIN, P.A. 801 BRICKELL AVENUE SUITE 801 MIAMI FL 33131	Mailing Address SPENCER & KLEIN, P.A. 801 BRICKELL AVENUE SUITE 801 MIAMI FL 33131
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2. Principal Place of Business 21 1100 MAIN ST.	2a. Mailing Address 26 P.O. Box City Center	3. Date Incorporated or Qualified 07/15/1997
Suite, Apt. #, etc. 22 STE. 1600	Suite, Apt. #, etc. 27	4. FEI Number 65-0823679
City & State 23 KANSAS CITY, MO.	City & State 28 KANSAS CITY MO	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 64105 25 JACKSON	Zip Country 29 64196 30 JACKSON	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  SPENCER, THOMAS R JR SPENCER & KLEIN, P.A. 801 BRICKELL AVENUE SUITE 801 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Edward CURRIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDINA, MARIO	1.2 NAME	CURRIE JOHNSON GAINES, ETAL
STREET ADDRESS	NLA, CITY CENTER SQ. P.O. BOX 26005	1.3 STREET ADDRESS	P.O. BOX 750
CITY-ST-ZIP	KANSAS CITY MO 64196	1.4 CITY-ST-ZIP	JACKSON MS 39205-0750
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CANNADA, ROBERT C	2.2 NAME	
STREET ADDRESS	210 E CAPITOL ST, 17TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39225-2567	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SPENCER, THOMAS R JR	3.2 NAME	
STREET ADDRESS	801 BRICKELL AVE STE 1901	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mario Mandina* 1-800-471-2994  
 Signature: *Mario Mandina* 1/27/99

CR2E037 (11/98)