

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736668 (5)

1. Corporation Name

LEGAL SERVICES OF NORTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2119 DELTA BOULEVARD
TALLAHASSEE FL 32303

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TALLAHASSEE FL 32303
US

3. Date Incorporated or Qualified **08/25/1976** 3a. Date of Last Report **03/25/1994**

4. FEI Number **51-0197090** 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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, JACK L. JR.
2119 DELTA BLVD
TALLAHASSEE FL 32303

81 Name **Kristine E. Knab**
82 Street Address (P.O. Box Number is Not Acceptable) **2119 Delta Blvd.**
83
84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kristine E. Knab **Kristine E. Knab** **2-15-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MORPHONIOS, DEAN**
STREET ADDRESS **1102 N GADSDEN ST**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

1.1 TITLE **PD** Change Addition
1.2 NAME **Gregg, Carol**
1.3 STREET ADDRESS **706 North Ride**
1.4 CITY - ST - ZIP **Tallahassee, FL 32303**

TITLE **VD**
NAME **GREGG, CAROL**
STREET ADDRESS **706 NORTH RIDE**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

2.1 TITLE **VD** Change Addition
2.2 NAME **Lannon, Catherine**
2.3 STREET ADDRESS **The Capitol, Room 1602**
2.4 CITY - ST - ZIP **Tallahassee, FL 32399**

TITLE **STD**
NAME **FERGUSON, PEARLEY**
STREET ADDRESS **P. O. BOX 38111 N/A**
CITY - ST - ZIP **TALLAHASSEE FL**

3.1 TITLE **STD** Change Addition
3.2 NAME **David Jones**
3.3 STREET ADDRESS **91 Avenue C**
3.4 CITY - ST - ZIP **Apalachicola, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Carol L. Gregg
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/13/95 **904-382-1613**
Date (Typed Name)