

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736668 (5)  
1. Corporation Name

LEGAL SERVICES OF NORTH FLORIDA, INC.



Principal Place of Business: 2119 DELTA BOULEVARD TALLAHASSEE FL 32303  
Mailing Address: 2119 DELTA BOULEVARD TALLAHASSEE FL 32303 US

3. Date Incorporated or Qualified: 08/25/1976  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 51-0197090 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code

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	STD JONES, DAVID 91 AVENUE C APALACHICOLA FL	11 TITLE	V/D JONES, DAVID 91 AVENUE C APALACHICOLA, FL 32320
NAME	PD GREGG, CAROL 706 NORTH RIDE TALLAHASSEE FL	12 NAME	S/T/D CUMMINGS, CAROLYN 1020 E. LAFAYETTE ST., #205 TALLAHASSEE, FL 32301
STREET ADDRESS	VD LANNON, CATHERINE THE CAPITAL, ROOM 1602 TALLAHASSEE FL	21 TITLE	P/D LANNON, CATHERINE THE CAPITOL, ROOM 1602 TALLAHASSEE, FL 32399
CITY-ST-ZIP		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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 119.07(3)(k), 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: Catherine Lannon Catherine Lannon 02-21-96 (904) 488-1891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)