


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90062 046 \*\*\*\*61.25

<b>DOCUMENT # 736668</b>					
1. Entity Name <b>LEGAL SERVICES OF NORTH FLORIDA, INC.</b>					
Principal Place of Business <b>2119 DELTA BOULEVARD TALLAHASSEE FL 32303</b>			Mailing Address <b>2119 DELTA BOULEVARD TALLAHASSEE FL 32303 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>51-0197090</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE, MACK		NAME	WENDY LOQUASTO	
STREET ADDRESS	803 N. CALHOUN STREET		STREET ADDRESS	314 W. JEFFERSON STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, CAROLYN		NAME	MARK BEDNAR	
STREET ADDRESS	462 W. BREVARD ST		STREET ADDRESS	11 E. ZARRAGOSSA STREET	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	PENSACOLA FL 32591-3146	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANNON, CATHERINE		NAME	BILLY DURR	
STREET ADDRESS	THE CAPITAL, ROOM 1602		STREET ADDRESS	1700-56 JOE LOUIS STREET	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, BENJAMIN		NAME		
STREET ADDRESS	240 N MAGNOLIA DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGULES, JOEL		NAME		
STREET ADDRESS	720 GEORGIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, MARTIN		NAME		
STREET ADDRESS	106 EAST COLLEGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Martin R. Dix		3-30-2004 850-224-9634	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# 736668

ATTACHMENT to Block 10 of 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT  
(Deletions Bolded)

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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Carrol Cherry, Attorney 300 S. Monroe St., FL-01 Tallahassee, FL 32301
TITLE NAME STREET CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Velma Pennermon 906 Kendall Drive Tallahassee, FL 32301
TITLE NAME STREET CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Jennifer Williams 910-4 Sebring Court Tallahassee, FL 32301
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Karla Ellis, Attorney P.O. Box 425 Tallahassee, FL 32302-0425
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Lee Baldwin, Attorney 13403 North Meridian Road Tallahassee, FL 32312
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Cathi Wilkinson, Attorney 215 South Monroe Street Tallahassee, FL 32301
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Larry Krieger, Attorney Florida State University College of Law Tallahassee, FL 32306
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Phil Smith, Attorney 1-A East Jefferson Street Quincy, FL 32351
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete <del>George Polite</del> <del>813 Dewey Street</del> <del>Tallahassee, FL 32304</del>
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Oliver Hill, Sr. 3299 Connector Drive Tallahassee, FL 32303
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Joanne Battle 190 Carver Avenue Havana, FL 32333
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Stella Ward 231 Bermuda Road Tallahassee, FL 32308