


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90109 028 \*\*\*\*61.25

**DOCUMENT # 736668**  
1. Entity 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**

**50028923**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**51-0197090**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KNAB, KRISTINE E.  
2119 DELTA BLVD  
TALLAHASSEE FL 32303**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THEODORE, MACK</b> <b>803 N. CALHOUN STREET</b> <b>TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUMMINGS, CAROLYN</b> <b>462 W. BREVARD ST</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANNON, CATHERINE</b> <b>THE CAPITAL, ROOM 1602</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>CRUMP, BENJAMIN</b> <b>240 N MAGNOLIA DR</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MARGULES, JOEL</b> <b>720 GEORGIA AVENUE</b> <b>PANAMA CITY FL 32404</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DIX, MARTIN</b> <b>106 EAST COLLEGE AVENUE</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Anneli Nystrand Magee Anneli Nystrand Magee 3/8/05 (850) 410-9652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (officer) Date Daytime Phone #

# ATTACHMENT

50028923  
736668

ATTACHMENT to 2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR) (Blocks 10 and 11)

	10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES
TITLE NAME STREET CITY-ST-ZIP	D Anneli Nystrand Baldwin, Attorney 13403 North Meridian Road Tallahassee, FL 32312	STD <input checked="" type="checkbox"/> change <input type="checkbox"/> Addition Anneli Nystrand Magee, Attorney 13403 North Meridian Road Tallahassee, FL 32312
TITLE NAME STREET CITY-ST-ZIP	D Karla Ellis, Attorney Suite 310, The Capitol Tallahassee, FL 32399-1100	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Bednar, Attorney 11 E. Zarragossa Street Pensacola, FL 32591-3146
TITLE NAME STREET CITY-ST-ZIP	D Cathi Wilkinson, Attorney 215 South Monroe Street Tallahassee, FL 32301	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendy Loquasto, Attorney 314 West Jefferson Street Tallahassee, FL 32301
TITLE NAME STREET CITY-ST-ZIP	D Larry Krieger, Attorney Florida State University College of Law Tallahassee, FL 32306	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C. LeDon Anchors, Jr. 909 Mar Walt Drive, Suite 1014 Ft. Walton Beach, FL 32547-6757
TITLE NAME STREET CITY-ST-ZIP	D E. Philip Smith, Attorney State Attorney's Office 301 S. Monroe Street, Suite 475 Tallahassee, FL 32399	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lakisha Murray 2918 Oakwood Drive Tallahassee, FL 32304
TITLE NAME STREET CITY-ST-ZIP	D George Polite 813 Dewey Street Tallahassee, FL 32304	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Moorer 109 W. Madison Street Pensacola, FL 32505
TITLE NAME STREET CITY-ST-ZIP	D Oliver Hill, Sr. 3299 Connector Drive Tallahassee, FL 32303	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Billy Durr 1700-56 Joe Louis Street Tallahassee, FL 32304
TITLE NAME STREET CITY-ST-ZIP	D Joanne Battle 190 Carver Avenue Havana, FL 32333	
TITLE NAME STREET CITY-ST-ZIP	D Stella Ward 231 Bermuda Road Tallahassee, FL 32308	