


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90025 030 \*\*\*\*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**

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

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

03132006 Chg-NP CR2E037 (11/05)



**6. Name and Address of Current Registered Agent**

**KNAB, KRISTINE E.  
 2119 DELTA BLVD  
 TALLAHASSEE, FL 32303**

4. FEI Number  
**51-0197090**

Applied For  
 Not Applicable

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

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Joel Margules** **3/16/06** **850-784-6155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

# 36608

400 38045

ATTACHMENT to 2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR) (Blocks 10 and 11)

	10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES
TITLE NAME STREET CITY-ST-ZIP	STD <input type="checkbox"/> Delete Anneli Nystrand 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 FSU College of Law, 425 W. Jefferson St. Tallahassee, FL 32306	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete E. Philip Smith, Attorney 301 S. Monroe Street, Suite 475 Tallahassee, FL 32399	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Mark Bednar, Attorney 11 E. Zarragossa Street Pensacola, FL 32591-3146	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Wendy Loquasto, Attorney 314 West Jefferson Street Tallahassee, FL 32301	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete C. LeDon Anchors, Jr., Attorney 909 Mar Walt Drive, Suite 1014 Ft. Walton Beach, FL 32547-6757	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete George Polite 813 Dewey Street Tallahassee, FL 32304	
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	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Billy Durr 1700-56 Joe Louis Street Tallahassee, FL 32304	
TITLE NAME STREET CITY-ST-ZIP	D <input type="checkbox"/> Delete Lakisha Murray 2918 Oakwood Drive Tallahassee, FL 32304	
TITLE NAME STREET CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Karla Ellis, Attorney Suite 310, The Capitol Tallahassee, FL 32399-1100	
TITLE NAME STREET CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Mary Moorer 109 W. Madison Street Pensacola, FL 32505	