

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736668

FILED
Feb 26, 2008
Secretary of State

Entity Name: LEGAL SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2119 DELTA BOULEVARD
TALLAHASSEE, FL 32303

New Principal Place of Business:

2119 DELTA BOULEVARD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

2119 DELTA BOULEVARD
TALLAHASSEE, FL 32303 US

New Mailing Address:

2119 DELTA BOULEVARD
TALLAHASSEE, FL 32303

FEI Number: 51-0197090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACK, THEODORE
Address: 803 N. CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CUMMINGS, CAROLYN
Address: 462 W. BREVARD ST
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: LANNON, CATHERINE
Address: THE CAPITAL, ROOM 1602
City-St-Zip: TALLAHASSEE, FL

Title: PD () Delete
Name: CRUMP, BENJAMIN
Address: 240 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MARGULES, JOEL
Address: 720 GEORGIA AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: DIX, MARTIN
Address: 106 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CUMMINGS, CAROLYN
Address: 462 W. BREVARD ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: LANNON, CATHERINE
Address: PL 01, THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 32399

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE E KNAB

ED

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date