

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001413

FILED
Apr 18, 2007
Secretary of State

Entity Name: JACKSONVILLE AREA LEGAL AID FOUNDATION, INC.

Current Principal Place of Business:

126 W. ADAMS ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

126 W. ADAMS ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-5007302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGGINS, MICHAEL
126 W. ADAMS ST.
JACKSONVILLE, FL 32202 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: DUVAL, JOHN
Address: 126 W. ADAMS ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: CONRAD, ADRIENNE
Address: 126 W. ADAMS ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SPOHRER, ROBERT
Address: 126 W. ADAMS ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: GOLLER, LESLIE
Address: 126 W. ADAMS ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: ROBERTS, CHAD
Address: 126 W. ADAMS ST.
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARRISON-FULLWOOD, LATASHA
Address: ONE INDEPENDENT DRIVE, STE 1300
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: GREGORY, NORM
Address: 10739 DEERWOOD PARK, STE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: ROBERTS, CHAD
Address: 701 W. ADAMS STREET, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: SLATER, THOMAS
Address: ONE INDEPENDENT DRIVE, STE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: CORREA, AIDA
Address: 4320 SUNBEAM ROAD, APT. 102
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD ROBERTS

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date