

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000143 (6)**

1. Corporation Name

DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC.



Principal Place of Business	Mailing Address
100 RIVERSIDE AVE. JACKSONVILLE FL 32202	100 RIVERSIDE AVE. JACKSONVILLE FL 32202-4925

3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-3289101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAWRENCE, NOEL G ESQ.
100 RIVERSIDE AVE.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, NOEL G	1.2 NAME	
STREET ADDRESS	100 RIVERSIDE AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, KIM	2.2 NAME	
STREET ADDRESS	921 NORTH DAVIS STREET, BLDG. B	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209-6821	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, CRAIG A	3.2 NAME	
STREET ADDRESS	214 E. ASHLEY STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTER, REGINALD	4.2 NAME	
STREET ADDRESS	200-700 WEST FORSYTH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DON	5.2 NAME	
STREET ADDRESS	411 EAST MONROE STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	President-Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, GRAYLING	6.2 NAME	Angela Matthews
STREET ADDRESS	1543 KINGSLEY AVENUE 18-B	6.3 STREET ADDRESS	126 W Adams Street
CITY - ST - ZIP	ORANGE PARK FL 32073	6.4 CITY - ST - ZIP	Jax FL 32202

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/7/97** DAYTIME PHONE: **386 9928**

CR2E037 (9/96)