

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**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

**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**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-3289101</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	30	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				10. Name and Address of New Registered Agent			
<b>LAWRENCE, NOEL G ESQ. 100 RIVERSIDE AVE. JACKSONVILLE FL 32202</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

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)