

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 008 ****61.25

DOCUMENT # N95000000143

1. Entity Name
DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC.



Principal Place of Business
**101 ESAT UNION ST
200
JACKSONVILLE, FL 32202**

Mailing Address
**101 EAST UNION ST
200
JACKSONVILLE, FL 32202**

20041033



2. Principal Place of Business
101 East Union St

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32202

Country
Duval

Zip

Country

04192005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3289101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAWRENCE, NOEL G ESQ.
101 EAST UNION STREET
200
JACKSONVILLE, FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **D** ☐ Delete
NAME **LAWRENCE, NOEL G ESQ**
STREET ADDRESS **101 EAST UNION STREET STE 200**
CITY - ST - ZIP **JACKSONVILLE, FL 32202**

TITLE **TD** ☐ Delete
NAME **BUTLER, TAMMY D**
STREET ADDRESS **225 WATER STREET SUITE 2020**
CITY - ST - ZIP **JACKSONVILLE, FL 32202**

TITLE **SD** ☒ Delete
NAME **EZELL, BRENDA B**
STREET ADDRESS **117 W. DUVAL ST. SUITE 480**
CITY - ST - ZIP **JACKSONVILLE, FL 32202**

TITLE **PD** ☐ Delete
NAME **DEMPSEY, DONALD L II**
STREET ADDRESS **4321 ROOSEVELT BLVD**
CITY - ST - ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. Juanita Powell Williams**
STREET ADDRESS **118-320 W. Adams Street**
CITY - ST - ZIP **Jax FL 32202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I 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 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: **Noel G. Lawrence**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 9043569928
Date Daytime Phone #