

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001643

**Entity Name:** JACKSONVILLE ASSOCIATION OF DEFENSE COUNSEL, INC.

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**3468184920CC**

**Current Principal Place of Business:**

201 NORTH HOGAN STREET  
SUITE 400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

201 NORTH HOGAN STREET  
SUITE 400  
JACKSONVILLE, FL 32202

**FEI Number: 83-4312478**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TAYLOR, BILLIE JO ESQ.  
201 NORTH HOGAN STREET  
SUITE 400  
JACKSONVILLE, FL 32202 US

*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

**Officer/Director Detail :**

Title P  
Name THOMPSON, KATHERINE ESQ.  
Address 200 WEST FORSYTH STREET, SUITE  
1420  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name TAYLOR, BILLIE JO ESQ.  
Address 201 NORTH HOGAN STREET, SUITE  
400  
City-State-Zip: JACKSONVILLE FL 32202

Title T  
Name PADGETT, CANDACE ESQ.  
Address 201 NORTH HOGAN STREET, SUITE  
400  
City-State-Zip: JACKSONVILLE FL 32202

Title S  
Name GUTER, BRIAN ESQ.  
Address 4811 BEACH BLVD., SUITE 303  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE: CANDACE PADGETT**

**TREASURER**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date