

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734657

FILED
Feb 17, 2005
Secretary of State

Entity Name: JACKSONVILLE AREA LEGAL AID, INC.

Current Principal Place of Business:

126 W. ADAMS ST.
JACKSONVILLE, FL 322023849 US

New Principal Place of Business:

Current Mailing Address:

126 W. ADAMS ST.
JACKSONVILLE, FL 322023849 US

New Mailing Address:

FEI Number: 59-0696291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FIGGINS, MICHAEL G. E
126 W. ADMS STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FIGGINS, MICHAEL G ESQUIRE
126 W. ADMS STREET
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: MICHAEL G. FIGGINS

02/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUVALL, JOHN
Address: PO BOX 41566
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD () Delete
Name: GREGORY, NORM
Address: 101 EAST TOWN PLACE STE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VD () Delete
Name: SLEDGE, VERONICA
Address: 6750 RAMONA BLVD STE 12
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: SPOHRER, ROBERT
Address: 701 W. ADAMS ST., SUITE 2
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUVALL, JOHN
Address: PO BOX 41566
City-St-Zip: JACKSONVILLE, FL 32203

Title: VD (X) Change () Addition
Name: GOLLER, LESLIE
Address: 233 E. BAY STREET, STE. 804
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: CONRAD, ADRIENNE
Address: 50 NORTH LAURA STREET, STE. 3300
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN DUVALL

PD

02/17/2005

Electronic Signature of Signing Officer or Director

Date