

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734657

FILED
Mar 27, 2009
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 ESQUIRE
126 W. ADMS STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COTNEY, HUGH
Address: 233 E. BAY ST., STE. 905
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD () Delete
Name: GREGORY, NORM
Address: 304 S. BARTRAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: HARRELL, RENEE
Address: 4735 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD () Delete
Name: SLATER, THOMAS
Address: ONE INDEPENDENT DRIVE, STE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC () Delete
Name: MURPHY, VICKEY
Address: 1015 NORTH LIBERTY ST.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS SLATER

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date