

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734657

FILED  
Mar 16, 2010  
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: PD  
Name: COTNEY, HUGH ESQ  
Address: 233 E. BAY ST., STE. 905  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC  
Name: BARKSDALE, DAVID ESQ  
Address: 101 EAST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD  
Name: HARRELL, RENEE ESQ  
Address: 4735 SUNBEAM RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD  
Name: WHITE, BILL ESQ  
Address: 3100 UNIVERSITY BLVD., S. STE 300  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD  
Name: MURPHY, VICKEY  
Address: 1015 NORTH LIBERTY ST.  
City-St-Zip: JACKSONVILLE, FL 32206

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: MICHAEL FIGGINS, ESQ

RA

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date