## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734657** 

Apr 19, 2012 Secretary of State

Date

Entity Name: JACKSONVILLE AREA LEGAL AID, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

126 W. ADAMS ST.

JACKSONVILLE, FL 322023849 US

**Current Mailing Address: New Mailing Address:** 

126 W. ADAMS ST.

JACKSONVILLE, FL 322023849 US

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

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

FIGGINS, MICHAEL G ESQUIRE MARTYN, KIMBERLY ESQUIRE 126 W. ADMS STREET 126 W. ADMS STREET

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US 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: KIMBERLY MARTYN

04/19/2012

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

TREA

GOWDY, BRYAN Name: Address: 865 MAY ST

City-St-Zip: JACKSONVILLE, FL 32204

Title: 2VP

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

Title: PD

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

Title: SEC

Name: WHITE, BILL ESQ

3100 UNIVERSITY BLVD., S. STE 300 Address:

City-St-Zip: JACKSONVILLE, FL 32216

1VP Title:

MURPHY, VICKEY Name: 1015 NORTH LIBERTY ST. Address: 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: KIMBERLY MARTYN RA 04/19/2012