

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744827

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** FLORIDA INSTITUTIONAL LEGAL SERVICES, INC.

**Current Principal Place of Business:**

1010-B NW 8TH AVENUE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

1010-B NW 8TH AVENUE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-1860154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONES, CHRISTOPHER M  
1010-B NW 8TH AVENUE  
GAINESVILLE, FL 32601 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: P ( ) Delete  
Name: NUNN, KENNETH B  
Address: UF COLLEGE OF LAW POB 117625  
City-St-Zip: GAINESVILLE, FL 326117625

Title: T ( ) Delete  
Name: DWYER, ROBERT K  
Address: 800 NORTH MAIN STREET  
City-St-Zip: KISSIMMEE, FL 347444564

Title: D ( ) Delete  
Name: SCHAIBLE, JOHN  
Address: 1010 B NW 8TH AVE.  
City-St-Zip: GAINESVILLE, FL 32601

Title: ED ( ) Delete  
Name: JONES, CHRISTOPHER  
Address: 1010 B NW 8TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

**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:

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: CHRISTOPHER M. JONES

ED

05/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date