

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744827

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTIONAL LEGAL SERVICES, INC.

Current Principal Place of Business:

14250 SW 4TH PL
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

12921 SW 1ST RD,STE 107#346
NEWBERRY, FL 32669

New Mailing Address:

12921 SW 1ST RD,STE 107, #346
NEWBERRY, FL 32669

FEI Number: 59-1860154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

JONES, CHRISTOPHER M
12921 SW 1ST RD,STE 107, #346
NEWBERRY, FL 32669 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:

04/24/2009

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: S () Delete
Name: SCHAIBLE, JOHN
Address: 514 NE 6TH STREET
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D () Delete
Name: FIGGINS, MICHAEL
Address: JALA 126 W. ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MILLER, JAMES T
Address: 233 E BAY STREET, STE 920
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: RAWL, MESHON
Address: UNIVERSITY OF FLORIDA
City-St-Zip: GAINESVILLE, FL

Title: ED (X) Change () Addition
Name: JONES, CHRISTOPHER M
Address: 12921 SW 1ST RD,STE 107, #346
City-St-Zip: NEWBERRY, FL 32669

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: S/ CHRISTOPHER M. JONES

ED

04/24/2009

Electronic Signature of Signing Officer or Director

Date