

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N02000006753

1. Entity Name

LATIMER-HAWKINS FLORIDA CHAPTER NATIONAL BAR
ASSOCIATION JUDICIAL COUNCIL, INC.



Principal Place of Business

101 N. ALABAMA AVENUE
#432
DELAND, FL 32720

Mailing Address

101 N. ALABAMA AVENUE, #432
#432
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

13-4263990

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, HUBERT JUDGE
101 N. ALABAMA AVENUE
#432
DELAND, FL 32720

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRIMES, HUBERT L.
STREET ADDRESS 101 N. ALABAMA AVENUE, #432
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME AIKENS, AUGUSTUS D JR.
STREET ADDRESS 301 S. MONROE ST., RM. 265-E
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME QUINCE, PEGGY A
STREET ADDRESS 500 S. DUVAL ST.
CITY-ST-ZIP TALLAHASSEE, FL 323991925

TITLE T
NAME PERRY, JAMES E
STREET ADDRESS 301 NORTH PARK AVE.
CITY-ST-ZIP SANFORD, FL 327711292

TITLE D
NAME CRENSHAW, MARVA L
STREET ADDRESS 419 PIERCE ST.
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME ADAMS, HENRY L JR.
STREET ADDRESS 311 W. MONROE ST., #110
CITY-ST-ZIP JACKSONVILLE, FL 322024242

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04/18/07-80017-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hubert L. Grimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hubert L. Grimes

Date

4/3/07

Daytime Phone #

(386)
822-5744