


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 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
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DO NOT WRITE IN THIS SPACE

01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4263990	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIMES, HUBERT JUDGE 101 N. ALABAMA AVENUE #432 DELAND, FL 32720	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000798522 01/30/08-80031-026 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, HUBERT L 101 N. ALABAMA AVENUE, #432 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIKENS, AUGUSTUS D JR. 301 S. MONROE ST., RM. 265-E TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINCE, PEGGY A 500 S. DUVAL ST. TALLAHASSEE, FL 323991925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, JAMES E 301 NORTH PARK AVE. SANFORD, FL 327711292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, MARVA L 419 PIERCE ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, HENRY L JR. 311 W. MONROE ST., #110 JACKSONVILLE, FL 322024242

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IN THIS SPACE

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 1/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #