

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02524

FILED
Apr 25, 2007
Secretary of State

Entity Name: JACKSONVILLE CHAPTER, ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

Current Principal Place of Business:

101 EAST ADAMS STREET
THE BEDELL BUILDING
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

101 EAST ADAMS STREET
THE BEDELL BUILDING
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2395852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENIZZI, RHONDA K
101 EAST ADAMS STREET
THE BEDELL BUILDING
JACKSONVILLE, FL 32202 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: PD () Delete
Name: BASS, PAMELA S
Address: 1301 RIVERPLACE BLVD., SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PED () Delete
Name: WEINTRAUB, KATHY
Address: 300 EAST BAY ST, SUITE 508
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPD () Delete
Name: SUTTON, CAROLYN
Address: 50 NORTH LAURA, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SD () Delete
Name: PIMENTAL, JEAN L
Address: 117 WEST DUVAL STREET, SUITE 480
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: LOCKE, ELIZABETH A
Address: 50 NORTH LAURA STREET, SUITE 2600
City-St-Zip: JACKSONVILLE, FL 32202

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:

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: PAMELA S BASS

PD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date