

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90019 031 ****61.25

DOCUMENT # N02524

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



Principal Place of Business
101 EAST ADAMS STREET
THE BEDELL BUILDING
JACKSONVILLE, FL 32202 US

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

40042870



2. Principal Place of Business, No. P.O. Box #
501 Riverside Ave
Suite, Apt. #, etc.

3. Mailing Address
501 Riverside Ave
Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL
Zip **32202** Country **Duval**

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Jacksonville, FL
Zip **32202** Country **Duval**

4. FEI Number
59-2395852
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENIZZI, RHONDA K
101 EAST ADAMS STREET
THE BEDELL BUILDING
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name **Robison, Alice T.**
Street Address (P.O. Box Number is Not Accepted) **501 Riverside Ave**
City **Jacksonville** FL Zip Code **32202**

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

Alice T. Robison
Alice T. Robison,
President

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

(NOTE: Registered Agent signature required when filing initial statement.)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BASS, PAMELA S	1301 RIVERPLACE BLVD., SUITE 1500	JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/>
PD	WEINTRAUB, KATHY	300 EAST BAY ST, SUITE 508	JACKSONVILLE, FL 32202	<input type="checkbox"/>
VPD	SUTTON, CAROLYN	50 NORTH LAURA, SUITE 3300	JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>
SD	PIMENTAL, JEAN L	117 WEST DUVAL STREET, SUITE 480	JACKSONVILLE, FL 32202	<input type="checkbox"/>
TD	LOCKE, ELIZABETH A	50 NORTH LAURA STREET, SUITE 2600	JACKSONVILLE, FL 32202	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	Weintraub, Kathy			<input checked="" type="checkbox"/>	<input type="checkbox"/>
PED	Robison, Alice	501 Riverside Ave, 7th Floor	Jacksonville, FL 32202	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Pimental, Jean			<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Locke, Elizabeth			<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Lucy McKay	201 N. Hogan St., Ste 200	Jacksonville, FL 32202	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kathryn G Weintraub* **Kathryn G Weintraub** 2/20/08 630-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #