2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02524

FILED Mar 10, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

501 RIVERSIDE AVE 117 WEST DUVAL STREET

JACKSONVILLE, FL 32202 US SUITE 480

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

117 WEST DUVAL STREET 501 RIVERSIDE AVE

JACKSONVILLE, FL 32202 US SUITE 480

JACKSONVILLE, FL 32202 US

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ROBISON, ALICE T PIMENTAL, JEAN L

117 WEST DUVAL STREET 501 RIVERSIDE AVE

JACKSONVILLE, FL 32202 US SUITE 480

JACKSONVILLE, FL 32202 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: JEAN L. PIMENTAL 03/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WEINTRAUB, KATHY ROBISON, ALICE Name: Name:

300 EAST BAY ST, SUITE 508 Address: 501 RIVERSIDE AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US

Title: PED () Delete Title: (X) Change () Addition

ROBINSON, ALICE Name: PIMENTAL, JEAN L Name:

Address: 501 RIVERSIDE AVE 7TH FL Address: 117 WEST DUVAL STREET, SUITE 480 City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPD () Delete Title: PE/D (X) Change () Addition

PIMENTAL, JEAN Name: LOCKE, ELIZABETH A Name:

117 WEST DUVAL STREET, SUITE 480 50 NORTH LAURA STREET, SUITE 2600 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete Title: V/D (X) Change () Addition WESTBROOK, HELEN A Name: LOCKE, ELIZABETH A Name:

50 NORTH LAURA STREET, SUITE 2600 815 S MAIN STREET, SUITE 300 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change () Addition

MCKAY, LUCY WINSTEAD, MISSY Name: Name:

4230 PABLO PROFESSIONAL COURT, SUITE 200 201 N HOGAN ST STE 200 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: () Change (X) Addition DOTY LEN

Name: Name:

Address: Address: 701 WEST ADAMS STREET, SUITE 2 City-St-Zip:

JACKSONVILLE, FL 32204 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: ALICE T. ROBISON PP/D 03/10/2009