

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02524

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

50 NORTH LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 NORTH LAURA STREET  
SUITE 2600  
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:**

LOCKE, ELIZABETH A  
50 NORTH LAURA STREET  
SUITE 2600  
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: PP/D  
Name: LOCKE, ELIZABETH A  
Address: 50 N. LAURA STREET, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: P/D  
Name: DOTY, JR., LEN  
Address: 701 WEST ADAMS STREET, SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: PE/D  
Name: WINSTEAD, MICHELLE B  
Address: 200 W. FORSYTH ST., SUITE 1400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V/D  
Name: PALMER, MARGARET  
Address: 50 NORTH LAURA STREET, SUITE 2800  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T/D  
Name: EPHREM, VICTOR L  
Address: 4800 DEERWOOD CAMPUS PKWY  
City-St-Zip: JACKSONVILLE, FL 322468237

Title: S/D  
Name: WIMMER, MARY BETH  
Address: 50 NORTH LAURA STREET, SUITE 3100  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH A LOCKE

PP/D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date