

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 18, 2006
Secretary of State**

DOCUMENT# N05000001832

Entity Name: JACKSONVILLE LEGAL CLINIC, INC.

Current Principal Place of Business:

13110 BRIANS CREEK DRIVE
JACKSONVILLE, FL 32224

New Principal Place of Business:

644 CESERY BLVD.
350
JACKSONVILLE, FL 32211

Current Mailing Address:

13110 BRIANS CREEK DRIVE
JACKSONVILLE, FL 32224

New Mailing Address:

644 CESERY BLVD
350
JACKSONVILLE, FL 32211

FEI Number: 20-2424713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIONI, JULIE A
13110 BRIANS CREEK DRIVE
JACKSONVILLE, FL 32224 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: JULIE A. SANTIONI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEYERHOLTZ, ELVIRA S
Address: 13126 BRIANS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ROUNTREE, NORMAN G
Address: 291 TENTH AVENUE NORTH #104
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: SANTONI, JULIE ANNA
Address: 13110 BRIANS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROUNTREE, NORMAN G
Address: 1060 12TH ST. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE A SANTIONI

D

10/18/2006

Electronic Signature of Signing Officer or Director

Date