

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005631

FILED  
Jul 18, 2006  
Secretary of State

**Entity Name:** EQUAL JUSTICE FOR ALL OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

126 WEST ADAMS STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

126 WEST ADAMS STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-5007914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FIGGINS, MICHAEL  
126 WEST ADAMS STREET  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DUVALL, JOHN  
Address: 126 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: GOLLER, LESLIE  
Address: 126 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: ROBERTS, CHADIE  
Address: 126 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: CONRAD, ADRIENNE  
Address: 126 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D      ( ) Delete  
Name: SPOHRER, ROBERT  
Address: 126 WEST ADAMS STREET  
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: D      (X) Change ( ) Addition  
Name: ROBERTS, CHAD  
Address: 126 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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 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: LESLIE GOLLER

D

07/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date