

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005631

FILED  
Apr 22, 2008  
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 (X)**

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

FIGGINS, MICHAEL  
126 WEST ADAMS STREET  
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: D ( ) Delete  
Name: GARRISON-FULLWOOD, LATASHA  
Address: ONE INDEPENDENT DRIVE, STE 1300  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: GREGORY, NORM  
Address: 10739 DEERWOOD PARK, STE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: ROBERTS, CHAD  
Address: 701 WEST ADAMS STREET, STE 2  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: SLATER, THOMAS  
Address: ONE INDEPENDENT DRIVE, STE 1900  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: CORREA, AIDA  
Address: 4320 SUNBEAM ROAD, APT. 102  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COTNEY, HUGH  
Address: 233 E. BAY STREET, SUITE 905  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change ( ) Addition  
Name: GREGORY, NORM  
Address: 304 S. BARTRAM TRAIL  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change ( ) Addition  
Name: HARRELL, RENEE  
Address: 4735 SUNBEAM ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: D (X) Change ( ) Addition  
Name: MURPHY, VICKEY  
Address: 1015 NORTH LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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: THOMAS SLATER

PD

04/22/2008

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

\_\_\_\_\_  
Date