

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001413

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE AREA LEGAL AID FOUNDATION, INC.

**Current Principal Place of Business:**

126 W. ADAMS ST.  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

126 W. ADAMS ST.  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-5007302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FIGGINS, MICHAEL  
126 W. ADAMS ST.  
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: COTNEY, HUGH  
Address: 233 E. BAY ST., STE. 905  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D ( ) Delete  
Name: HARRELL, RENEE  
Address: 4735 SUNBEAM RD.  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: D ( ) Delete  
Name: MURPHY, VICKEY  
Address: 1015 NORTH LIBERTY ST.  
City-St-Zip: JACKSONVILLE, FL 32206

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

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

Title: D (X) Change ( ) Addition  
Name: DUVALL, JOHN  
Address: 225 WATER STREET, SUITE 710  
City-St-Zip: JACKSONVILLE, FL 32203

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

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 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

D

03/27/2009

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

\_\_\_\_\_  
Date