

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008164

FILED  
Jul 06, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE BAIL AGENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

112 EAST FORSYTH STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

112 EAST FORSYTH STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 45-3323746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIRITO & GOODE, P.L.  
320 1ST STREET NORTH  
SUITE 613  
JACKSONVILLE BEACH, FL 32250 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: PD  
Name: TEAGUE, ANN  
Address: 112 EAST FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD  
Name: BLUE, SHERRY  
Address: 202 NORTH WASHINGTON STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S  
Name: RODRIQUEZ, JERILYN  
Address: 125 NORTH MARKET STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD  
Name: WELLS, RYAN  
Address: 1010 E. ADAMS STREET #130  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S  
Name: ZWEIFEL, ERNEST  
Address: 332 EAST ADAMS STREET  
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: RYAN WELLS

TD

07/06/2012

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

\_\_\_\_\_  
Date