

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # N25963

1. Entity Name
THE FLORIDA BAR BUILDING CORPORATION



Principal Place of Business

**JOHN F. HARKNESS, JR.
651 E. JEFFERSON ST.
TALLAHASSEE, FL 32399-2300 US**

Mailing Address

**JOHN F. HARKNESS, JR.
651 E. JEFFERSON ST.
TALLAHASSEE, FL 32399-2300 US**



02282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2883671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARKNESS, JOHN F
651 E. JEFFERSON ST.
TALLAHASSEE, FL 32399-2300**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CONRAD, JAMES
STREET ADDRESS 227 S CALHOUN ST
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D
NAME PEELE, SHULER A
STREET ADDRESS 327 N HERNANDO S
CITY-ST-ZIP LAKE CITY, FL 320561707

TITLE D
NAME ERVIN, THOMAS M JR.
STREET ADDRESS 305 S. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D
NAME DANIELS, NANCY ANN
STREET ADDRESS 301 S. MONROE ST., #401
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME DAVIS, KEN W
STREET ADDRESS 210 E. COLLEGE AVE., #200
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE P
NAME BOOKMAN, ALAN B
STREET ADDRESS 30 S SPRING ST
CITY-ST-ZIP PENSACOLA, FL 32501

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 *850-5615752*
Date Daytime Phone #