

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N47007** (2)  
1. Corporation Name  
**THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**P.O. BOX 4548 JACKSONVILLE FL 32201-4548** **P.O. BOX 4548 JACKSONVILLE FL 32201-4548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-3135855** Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDONALD, JOHN B.  
50 NORTH LAURA ST.  
SUITE 3100  
JACKSONVILLE FL 32201-4548**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                            |
|----------------------------|---------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE                      | <b>SD</b>                             | 1.1 TITLE                                             | <b>VP D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>OTERO, DAVID E</b>                 | 1.2 NAME                                              |                                                                                            |
| STREET ADDRESS             | <b>50 N LAURA ST SUITE 3300</b>       | 1.3 STREET ADDRESS                                    |                                                                                            |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>                | 1.4 CITY - ST - ZIP                                   |                                                                                            |
| TITLE                      | <b>PD</b>                             | 2.1 TITLE                                             | <b>Edward P. Jackson</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, ANNE T</b>                  | 2.2 NAME                                              | <b>516 W Adams St.</b>                                                                     |
| STREET ADDRESS             | <b>SOUTHERN BELL TOWER - STE 2537</b> | 2.3 STREET ADDRESS                                    | <b>Jacksonville, FL 32202</b> <b>TD</b>                                                    |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>                | 2.4 CITY - ST - ZIP                                   |                                                                                            |
| TITLE                      | <b>TD</b>                             | 3.1 TITLE                                             | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>THAMES, RICHARD R</b>              | 3.2 NAME                                              |                                                                                            |
| STREET ADDRESS             | <b>121 W FORSYTH ST SUITE 600</b>     | 3.3 STREET ADDRESS                                    |                                                                                            |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>                | 3.4 CITY - ST - ZIP                                   |                                                                                            |
| TITLE                      | <b>VPD</b>                            | 4.1 TITLE                                             | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>MAGLEY, RAYMOND R.</b>             | 4.2 NAME                                              |                                                                                            |
| STREET ADDRESS             | <b>1800 FIRST UNION TOWER</b>         | 4.3 STREET ADDRESS                                    |                                                                                            |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL</b>                | 4.4 CITY - ST - ZIP                                   |                                                                                            |
| TITLE                      |                                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |                                       | 5.2 NAME                                              |                                                                                            |
| STREET ADDRESS             |                                       | 5.3 STREET ADDRESS                                    |                                                                                            |
| CITY - ST - ZIP            |                                       | 5.4 CITY - ST - ZIP                                   |                                                                                            |
| TITLE                      |                                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |                                       | 6.2 NAME                                              |                                                                                            |
| STREET ADDRESS             |                                       | 6.3 STREET ADDRESS                                    |                                                                                            |
| CITY - ST - ZIP            |                                       | 6.4 CITY - ST - ZIP                                   |                                                                                            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD R. THAMES, SECRETARY**

**4/6/95**

DATE

**(904) 358-4000**

OFFICE PHONE #