

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47007 (2)
 1. Corporation Name
THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC



Principal Place of Business P.O. BOX 4548 JACKSONVILLE FL 32201-4548	Mailing Address P.O. BOX 4548 JACKSONVILLE FL 32201-4548
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1992		3a. Date of Last Report 04/19/1995	
21		26		4. FEI Number 59-3135855		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VPD <input type="checkbox"/> DELETE	11 TITLE	CO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, DAVID E	12 NAME	Otero, David E.
STREET ADDRESS	50 N LAURA ST SUITE 3300	13 STREET ADDRESS	1301 Riverplace Blvd.
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	Jacksonville, FL
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDWARD P	22 NAME	Jackson, Edward P.
STREET ADDRESS	516 W ADAMS ST.	23 STREET ADDRESS	516 W. Adams St.
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	Jacksonville, FL
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAMES, RICHARD R	32 NAME	Thames, Richard R.
STREET ADDRESS	121 W FORSYTH ST SUITE 600	33 STREET ADDRESS	121 W. Forsyth St. Suite 600
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	Jacksonville FL
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLEY, RAYMOND R.	42 NAME	Magley, Raymond R.
STREET ADDRESS	1800 FIRST UNION TOWER	43 STREET ADDRESS	1800 First Union Tower
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	Jacksonville, FL
TITLE	<input type="checkbox"/> DELETE	51 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Burnett, Jason
STREET ADDRESS		53 STREET ADDRESS	50 N. Laura St. Suite 3300
CITY - ST - ZIP		54 CITY - ST - ZIP	Jacksonville, FL
TITLE	<input type="checkbox"/> DELETE	61 TITLE	Tesorero, Donald T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Tesorero, Donald E.
STREET ADDRESS		63 STREET ADDRESS	50 N. Laura St. Suite 3100
CITY - ST - ZIP		64 CITY - ST - ZIP	Jacksonville FL

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 119.07(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Tesoro II

Date

8/6/96

Daytime Phone #

(904) 353-3100

SCHEDULE A

Davis, Gardner
200 N. Laura Street
Jacksonville, Florida 32202

Dell, Denise
50 N. Laura Street, Suite 2200
Jacksonville, Florida 32202

Mahin, Betsy C.
1301 Riverplace Tower
Jacksonville, Florida 32202

Smith, Schuyler
421 W. Church Street
Jacksonville, Florida 32202

Weiss, Alan
50 N. Laura Street, Suite 3900
Jacksonville, Florida 32202