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Apr 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 316

Suite, Apt. #, etc.

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Zip Country

28 Jacksonville FL

24 25 29 32201 30

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 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 CD ☐ DELETE
NAME OTERO, DAVID E
STREET ADDRESS 1301 RIVERPLACE BLVD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME JACKSON, EDWARD P
STREET ADDRESS 516 W ADAMS ST.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME THAMES, RICHARD R
STREET ADDRESS 121 W FORSYTH ST SUITE 600
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MAGLEY, RAYMOND R.
STREET ADDRESS 1800 FIRST UNION TOWER
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME BURNETT, JASON
STREET ADDRESS 50 N. LAURA STREET #3300
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME TESIERO, DONALD E
STREET ADDRESS 50 NORTH LAURA SUITE 3100
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. TESIERO II

Date 4/8/97 (904) 356-1300

CR2E037 (9/96)