FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -5 PM 1:40
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 316 JACKSONVILLE FL 32201-4548 US

3. Date Incorporated or Qualified: 01/27/1992

4. FEI Number: 59-3135855 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 316	26 P.O. Box 316
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32201-0316 25 USA	Zip / Country 29 32201-0316 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OTERO, DAVID E 1301 RIVERPLACE BLVD JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D OTERO, DAVID E. 1301 RIVERPLACE BLVD., SUITE 1301 JACKSONVILLE, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACKSON, EDWARD P 516 W ADAMS ST. JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD JACKSON, EDWARD P. 516 W. ADAMS ST. JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THAMES, RICHARD R 121 W FORSYTH ST SUITE 600 JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	CD THAMES, RICHARD R. 121 W. FORSYTH ST., SUITE 600 JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGLEY, RAYMOND R. 1800 FIRST UNION TOWER JACKSONVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MAHIN, BETSY COX 1301 RIVERPLACE BLVD., #1500 JACKSONVILLE, FL 32007	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURNETT, JASON 50 N. LAURA STREET #3300 JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD BURNETT, JASON 50 NORTH LAURA ST., SUITE 3300 JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TESIERO, DONALD E 50 NORTH LAURA SUITE 3100 JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SD TESIERO, DONALD E. 50 NORTH LAURA ST., SUITE 2225 JACKSONVILLE, FL 32202	☒ Change ☐ Addition

CR2E037 (10/97)

14. I 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 receivor 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: Betsy Cox Mahin, Treasurer May 29 1998