

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90098 028 ****70.00

0004234

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47007 OK

1. Corporation Name

THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC

Principal Place of Business
P.O. BOX 316
JACKSONVILLE FL 32201-0316

Mailing Address
P.O. BOX 316
JACKSONVILLE FL 32201-0316



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/27/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3135855	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				Not Applicable	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	OTERO, DAVID E				
STREET ADDRESS	1301 RIVERPLACE BLVD., 1301				
CITY-ST-ZIP	JACKSONVILLE FL 32207				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	JACKSON, EDWARD P				
STREET ADDRESS	516 W ADAMS ST.				
CITY-ST-ZIP	JACKSONVILLE FL 32202				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	THAMES, RICHARD R				
STREET ADDRESS	121 W FORSYTH ST SUITE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32202				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MAHIN, BESTY COX				
STREET ADDRESS	1301 RIVERPLACE BLVD., #1500				
CITY-ST-ZIP	JACKSONVILLE FL 32007				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BURNETT, JASON				
STREET ADDRESS	50 N. LAURA STREET #3300				
CITY-ST-ZIP	JACKSONVILLE FL 32202				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	TESIERO, DONALD E				
STREET ADDRESS	50 NORTH LAURA SUITE 2225				
CITY-ST-ZIP	JACKSONVILLE FL 32202				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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, with all other like empowered.

SIGNATURE:

[Signature] TREAS. 2.25.99 904.358.4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

N47007
21729290098-28

The Jacksonville Bankruptcy Bar Association, Inc.

Nonprofit Corporation Annual Report 1999

13. Additional Officers and Directors

Title: TD
Name: Nina M. LaFleur
Address: 121 W. Forsyth Street, Suite 600
Jacksonville, Florida 32202

Title: D
Name: Schuyler S. Smith
Address: 421 W. Church Street
Jacksonville, Florida 32202

Title: D
Name: Raymond R. Magley
Address: 1800 First Union National Bank Tower
Jacksonville, Florida 32202

Title: D
Name: Gardner Davis
Address: 200 N. Laura Street
Jacksonville, Florida 32202

Title: D
Name: Aaron R. Cohen
Address: 204 Pearl Street
Jacksonville, Florida 32202

Alvin Magley, ITS
TREASURER.