


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90122 030 \*\*\*\*61.25

<b>DOCUMENT # N47007</b> 1. Entity Name <b>THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3135855</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACDONALD, JOHN B. 50 NORTH LAURA ST. SUITE 3100 JACKSONVILLE, FL 32202				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> <span style="float: right;">12 JAN 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JACOB		NAME	DAVIS, MAMIE L	
STREET ADDRESS	50 N LAURA ST, # 2500		STREET ADDRESS	200 W FORSYTH ST, # 1520	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARSHA M		NAME	JERRETT M. McCONNELL	
STREET ADDRESS	P.O. BOX 4308		STREET ADDRESS	1756 UNIVERSITY BLVD S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32201		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MAMIE L		NAME	LAFLEUR, NINA	
STREET ADDRESS	200 W FORSYTH ST, # 1520		STREET ADDRESS	P.O. Box 861128	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFLEUR, NINA		NAME	JACKSON, CYNTHIA	
STREET ADDRESS	121 W FORSYTH ST, # 600		STREET ADDRESS	225 WATER ST, # 1800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDWARD		NAME	DEAN, CHAD A.	
STREET ADDRESS	516 W ADAMS ST		STREET ADDRESS	118 W ADAMS ST, # 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	BD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GARDNER		NAME	DEMETROS, CHRISTOPHER R.	
STREET ADDRESS	200 N LAURA STREET		STREET ADDRESS	P.O. Box 10399	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32247	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/6/06</u> <span style="float: right;">(904) 727-7850</span> <small>Daytime Phone #</small>		