

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47007

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 316
JACKSONVILLE, FL 322010316

New Principal Place of Business:

C/O AKERMAN SENTERFITT, ATTN: JACOB BROWN
50 N. LAURA STREET, SUITE 2500
JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 316
JACKSONVILLE, FL 322010316

New Mailing Address:

FEI Number: 59-3135855 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACDONALD, JOHN B.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MACDONALD, JOHN B.
50 NORTH LAURA ST.
SUITE 2500
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: _____

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DAVIS, MAMIEL
Address: 200 W FORSYTH ST #1520
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: MCCONNELL, JERRETT M
Address: 1756 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: P () Delete
Name: LAFLEUR, NINA
Address: P.O. BOX 861128
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: JACKSON, CYNTHIA
Address: 225 WATER ST., #1800
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: DEAN, CHAD A
Address: 118 W ADAMS ST., 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DEMETROS, CHRISTOPHER R
Address: P.O. BOX 10399
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BROWN, MARSHA
Address: P. O. BOX 316
City-St-Zip: JACKSONVILLE, FL 32201

Title: D (X) Change () Addition
Name: MCCONNELL, JERRETT M
Address: 1756 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: LAFLEUR, NINA
Address: P.O. BOX 861128
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P (X) Change () Addition
Name: JACKSON, CYNTHIA
Address: 225 WATER ST., #1800
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA JACKSON

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date