2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47007

FILED Apr 15, 2009 Secretary of State

Entity Name: THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address:

New Mailing Address:

C/O ROGERS TOWERS, P.A, ATTN: E. SUMMERS P.O. BOX 316 JACKSONVILLE, FL 322010316 1301 RIVERPLACE BLVD., SUITE 1500

JACKSONVILLE, FL 322007

SUMMERS, ELLSWORTH

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACDONALD, JOHN B. 50 NORTH LAURA ST.

ROGERS TOWERS, P.A., 1301 RIVERPLACE BLVD. **SUITE 2500** SUITE 1500

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32207 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: ELLSWORTH SUMMERS, TREASURER 04/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition TOMLINSON, CHRISTOPHER A Name: Name:

50 N. LAURA STREET STE 1100 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

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

Title: () Delete Title: () Change () Addition

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

Title: () Delete Title: (X) Change () Addition

Name: KHAWAJA, REHAN N Name: KHAWAJA, REHAN N 817 N. MAIN STREET Address: 817 N. MAIN ST Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition

CECIL, MICHAEL E SUMMERS, ELLSWORTH Name: Name:

PO BOX 4308 ROGERS TOWERS, 1301 RIVERPLACE BLVD, 1500 Address: Address:

JACKSONVILLE, FL 32201 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change () Addition

DRYSDALE, LYNN DRYSDALE, LYNN Name: Name: Address: 126 W. ADAMS ST Address: 126 W. ADAMS ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELLSWORTH SUMMERS, TREASURER Т 04/15/2009