

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47007

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROGERS TOWERS, P.A, ATTN: E. SUMMERS  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 322007

**New Mailing Address:**

C/O JASON A. BURGESS  
118 WEST ADAMS STREET, SUITE 900  
JACKSONVILLE, FL 32202

**FEI Number:** 59-3135855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMMERS, ELLSWORTH  
ROGERS TOWERS, P.A., 1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

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

BURGESS, JASON A  
118 WEST ADAMS STREET  
SUITE 900  
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: /S/ JASON A. BURGESS

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MITCHELL, MARK S  
Address: 1301 RIVERPLACE BLVD., SUITE 1500  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D  
Name: DOUGLAS, NEWAY W  
Address: P.O. BOX 4308  
City-St-Zip: JACKSONVILLE, FL 32201

Title: VP  
Name: SUMMERS, ELLSWORTH  
Address: ROGERS TOWERS, 1301 RIVERPLACE BLVD, 1500  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T  
Name: BURGESS, JASON A  
Address: 118 W. ADAMS ST  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: /S/ JASON A. BURGESS

T

03/07/2012

Electronic Signature of Signing Officer or Director

Date