

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 032 ****61.25

DOCUMENT # N95000004591					
1. Entity Name THE JACKSONVILLE BAR ASSOCIATION LAWYER REFERRAL SERVICE, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD STE 730 JACKSONVILLE, FL 32207-9092			Mailing Address 1301 RIVERPLACE BLVD STE 730 JACKSONVILLE, FL 32207-9092		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3380692	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILL, L DIANE 1301 RIVERPLACE BLVD STE 730 JACKSONVILLE, FL 32207-9092				7. Name and Address of New Registered Agent Name <u>SUSAN W. SOWARDS</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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>Susan W. Sowards</i></u> <u>SUSAN W. SOWARDS, Executive Director</u> <u>7/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKERT, ALAN M 233 E. BAY STREET, STE. 804 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Caroline C. Emery 330 E. BAY ST. #220 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, KELLY 225 WATER ST., STE. 1280 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERLENGO, JOSEPH V 4741 ATLANTIC BLVD., STE. D JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Michael R. Freed 26 Laura St., Ste 2110 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAN, DANIEL K 50 N. LAURA STREET, STE. 3900 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Susan W. Sowards</i></u> <u>SUSAN W. SOWARDS</u> <u>7/13/07</u> <u>904-399-4486</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					