

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004591

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE JACKSONVILLE BAR ASSOCIATION LAWYER REFERRAL SERVICE, INC.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
STE 1320  
JACKSONVILLE, FL 322078369

**New Principal Place of Business:**

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
STE 1320  
JACKSONVILLE, FL 322078369

**New Mailing Address:**

**FEI Number:** 59-3380692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOWARDS, SUSAN W  
841 PRUDENTIAL DRIVE  
SUITE 1320  
JACKSONVILLE, FL 322078369 US

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

SOWARDS, SUSAN W ED  
841 PRUDENTIAL DRIVE  
SUITE 1320  
JACKSONVILLE, FL 322078369 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: SUSAN W SOWARDS

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GILLAM, BRAXTON W IV  
Address: 14 E. BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: BUTLER, TAMMY D  
Address: 500 WATER STREET, J150, 14TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P  
Name: BEAN, DANIEL K  
Address: 50 N. LAURA STREET, STE. 3900  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P EL  
Name: GRIMM, COURTNEY K  
Address: 101 EAST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: FREED, MICHAEL R  
Address: 800 WEST MONROE ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: RAY, DRIVER G JR  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
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: SUSAN W SOWARDS

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date