


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90080 041 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N96000000997</b><br>1. Entity Name<br><b>JACKSONVILLE TRIAL LAWYERS ASSOCIATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>ONE INDEPENDENT DR<br/># 1900<br/>JACKSONVILLE, FL 32202</b>   |  |   | Mailing Address<br><b>ONE INDEPENDENT DR<br/># 1900<br/>JACKSONVILLE, FL 32202</b> |  |  |
| 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<br><b>59-3414933</b>   |  |
| Zip  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>USDIN, MARK<br/>1920 SAN MARCO BLVD<br/>JACKSONVILLE, FL 32207</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>CLEARY, SCOTT<br/>4735 SUNBEAM RD<br/>JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>Vice-President<br/>Scott Cleary<br/>4735 Sunbeam Rd<br/>Jacksonville, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>BROWNING, STEPHEN R<br/>701 W ADAMS ST, STE 2<br/>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>Secretary<br/>Stephen R. Browning<br/>701 W. Adams St, Suite 2<br/>Jacksonville, Florida 32202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>CAMERLENCE, JOSEPH V JR<br/>644 CESERY BLVD, # 300<br/>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>SLATER, THOMAS F<br/>ONE INDEPENDENT DR, STE 1900<br/>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>PRESIDENT<br/>Thomas F. Slater<br/>One Independent Dr, Suite 1900<br/>Jacksonville FL 32202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Thomas Slater</i>   |  | 4-9-07 (904) 358-8881   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |  |  |  |