

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90094 032 \*\*\*\*61.25

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**DOCUMENT # N97000001392**

1. Corporation Name

**ALL GOD'S CHILDREN FREE LEGAL SOCIETY, INC.-J/A**  
**/P/M/N/I/R.**

Principal Place of Business

**401 FOURTH STREET NORTH**  
**ST. PETERSBURG FL 33701**

Mailing Address

**401 FOURTH STREET NORTH**  
**ST. PETERSBURG FL 33701**



2. Principal Place of Business

**21** **200 Central Ave.**

2a. Mailing Address

**26** **same**

3. Date Incorporated or Qualified

**03/13/1997**

Suite, Apt. #, etc.

**22** **Suite 2200**

Suite, Apt. #, etc.

**27**

4. FEI Number

**59-3511462**

Applied For

Not Applicable

City & State

**23** **St. Petersburg, FL**

City & State

**28**

Zip

**24** **33701**

Country

**25** **USA**

Zip

**29**

Country

**30**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**ECKERT, JAMES D**  
**401 FOURTH STREET NORTH**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

**81** Name **James D. Eckert**

**82** Street Address (P.O. Box Number is Not Acceptable)

**200 Central Avenue**

**83** Suite **2200**

**84** City **St. Petersburg**

**FL**

**85** Zip Code  
**33701**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/26/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ECKERT, JAMES D**  
STREET ADDRESS **401 FOURTH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ DELETE  
NAME **ECKERT, MAUREEN L**  
STREET ADDRESS **401 FOURTH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ DELETE  
NAME **GARLAND, LORI**  
STREET ADDRESS **401 FOURTH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **D** ☒ Change ☐ Addition  
**1.2** NAME **Eckert, James D.**  
**1.3** STREET ADDRESS **200 Central Ave., Suite 2200**  
**1.4** CITY-ST-ZIP **St. Petersburg, FL 33701**

**2.1** TITLE **D** ☒ Change ☐ Addition  
**2.2** NAME **Eckert, Maureen L.**  
**2.3** STREET ADDRESS **200 Central Avenue, Suite 2200**  
**2.4** CITY-ST-ZIP **St. Petersburg, FL 33701**

**3.1** TITLE **D** ☒ Change ☐ Addition  
**3.2** NAME **Garland, Lori**  
**3.3** STREET ADDRESS **200 Central Avenue, Suite 2200**  
**3.4** CITY-ST-ZIP **St. Petersburg, FL 33701**

**4.1** TITLE ☐ Change ☐ Addition  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

**5.1** TITLE ☐ Change ☐ Addition  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ Change ☐ Addition  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/99** **727-835-6505**

CR2E037 (1/98)