

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002728

FILED
Apr 18, 2006
Secretary of State

Entity Name: JOSIAH T. WALLS BAR ASSOCIATION, INC.

Current Principal Place of Business:

901 S.W. 8TH AVENUE
STE D-5
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13894
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ALLISON P
901 S.W. 8TH AVENUE
STE D-5
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: MURAD, MAJEEDAH
Address: 2006 N.W. 55TH AVENUE, APT. J-11
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: CHISHOLM, STACI K
Address: 10420 SW 21ST AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: TD () Delete
Name: WALKER, GLORIA R
Address: 901 N.W. 8TH AVENUE, STE D-5
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Delete
Name: STROMAN, RHONDA D
Address: 901 N.W. 8TH AVENUE STE D-5
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STACI KELLY CHISHOLM

SD

04/18/2006

Electronic Signature of Signing Officer or Director

Date