

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002728

FILED  
Apr 30, 2007  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MURAD, MAJEEDAH  
Address: P. O. BOX 2877  
City-St-Zip: GAINESVILLE, FL 32602

Title: SEC (X) Change ( ) Addition  
Name: CATHEY, IMOGENE L  
Address: P. O. BOX 113125  
City-St-Zip: GAINESVILLE, FL 32611

Title: TREA (X) Change ( ) Addition  
Name: GRAHAM, SHEREE  
Address: P. O. BOX 2820  
City-St-Zip: GAINESVILLE, FL 32602

Title: PR E ( ) Change (X) Addition  
Name: RAWLS, MESHON T  
Address: P. O. BOX 117625  
City-St-Zip: GAINESVILLE, FL 32611

Title: HIST ( ) Change (X) Addition  
Name: YOUNG, BONITA  
Address: 2847 SW 40TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify 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: IMOGENE L. CATHEY

SEC

04/30/2007

Electronic Signature of Signing Officer or Director

Date