

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002728

FILED
Apr 15, 2009
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: 26-4569087

FEI Number Applied For ()

FEI Number Not Applicable ()

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change () Addition
Name: CHISHOLM, STACI K
Address: 901 NW 8TH AVENUE, SUITE D5
City-St-Zip: GAINESVILLE, FL 32601

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

Title: HIST (X) Change () Addition
Name: STROMAN, RHONDA
Address: P.O. BOX 13892
City-St-Zip: GAINESVILLE, FL 32604

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date