## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006868

FILED Jan 19, 2004 Secretary of State

Entity Name: NATIONAL EMPLOYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC.

**Current Principal Place of Business:** New Principal Place of Business:

1301 RIVERPLACE BLVD. 442 W. KENNEDY BLVD.

**SUITE 1640** SUITE 300

JACKSONVILLE, FL 32207 TAMPA, FL 33606

New Mailing Address: **Current Mailing Address:** 

1301 RIVERPLACE BLVD. 442 W. KENNEDY BLVD.

**SUITE 1640** SUITE 300 JACKSONVILLE, FL 32207 TAMPA, FL 33606

FEI Number: 59-3545325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, ARCHIBALD LONGORIA, MARGUERITE M 1301 RIVÉRPLACE BLVD. 442 W. KENNEDY BLVD. **SUITE 1640** SUITE 300

TAMPA, FL 33606 JACKSONVILLE, FL 32207

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: MARGUERITE M. LONGORIA 01/19/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

JOHNSON, RICHARDSON E Name: Name: Address: 314 W JEFFERSON STREET Address: City-St-Zip: TALLAHASSEE, FL 32306 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: THOMAS, ARCHIBALD Name: LEECH, GORDON R

Address: 1301 RIVERPLACE BLVD. STE. 1640 Address: 560 VILLAGE BLVD., SUITE 240 City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete Title: (X) Change ( ) Addition LONGORRA, MARGURITE Name: LONGORIA, MARGUERITE M Name: 442 WEST KENNEDY BLVD. STE. 300 442 WEST KENNEDY BLVD. STE. 300 Address: Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGUERITE M. LONGORIA D 01/19/2004