


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 027 \*\*\*\*61.25

<b>DOCUMENT # N98000004627</b>					
<b>1. Entity Name</b> BAIL AGENT'S INDEPENDENT LEAGUE OF FLORIDA, INC.					
<b>Principal Place of Business</b> 112 E. FORSYTH STREET JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> 112 E. FORSYTH STREET JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0859256	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> Conner CONNOR, JOANN 112 E. FORSYTH STREET JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> <i>Joann Conner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Joann Conner</b>		<b>3-18-2004</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> PALMER, KIMBERLY 3576 INTL. SPEEDWAY BLVD. DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Janet Collins P.O. Box 4114 Ft. Pierce, FL 34948	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> SHEPPARD, WILLIAM 220 S.E. 12TH STREET FORT LAUDERDALE, FL 33125	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eduardo Almedia 1215 SE 2nd Ave., #101 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> SEGASSER, GLENDA PO BOX 19761 WEST PALM BEACH, FL 33416	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Nefzger 424 S. Congress Ave. West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> CONNER, JOANN 112 E. FORSYTH STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Nefzger 424 S. Congress Ave. West Palm Beach, FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> OBLISK, VERN 2300 PINEY POINT PALMETTO, FL 34211	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Nefzger 424 S. Congress Ave. West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> NEFZGER, MIKE 1000 MILITARY TRAIL #D WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Nefzger 424 S. Congress Ave. West Palm Beach, FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Joann Conner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/18/04</b> <small>Date</small>		<b>904-358-1905</b> <small>Daytime Phone #</small>