

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004627

FILED
May 04, 2005
Secretary of State

Entity Name: BAIL AGENT'S INDEPENDENT LEAGUE OF FLORIDA, INC.

Current Principal Place of Business:

112 E. FORSYTH STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

112 E. FORSYTH STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 65-0859256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNOR, JOANN
112 E. FORSYTH STREET
JACKSONVILLE, FL 32202 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 () Delete
Name: COLLINS, JANET
Address: P.O. BOX 4114
City-St-Zip: FORT PIERCE, FL 34948

Title: PP () Delete
Name: SHEPPARD, WILLIAM
Address: 220 S.E. 12TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33125

Title: S () Delete
Name: ALEMDIA, EDUARDO
Address: 1215 SE 2ND AVE., #101
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T () Delete
Name: CONNER, JOANN
Address: 112 E. FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: NEFZGER, MICHAEL
Address: 424 S CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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 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: JOANN CONNER

T

05/04/2005

Electronic Signature of Signing Officer or Director

Date