2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N98000004627

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:

CONNER, JOANN
112 E. FORSYTH STREET
JACKSONVILLE, FL 32202 US

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: JOANN CONNER 05/02/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TEAGUE, ANN
Address: 112 E. FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PP ( ) Delete
Name: COLLINS, JANET
Address: P.O. BOX 4114
City-St-Zip: FORT PIERCE, FL 34948

Title: S ( ) Delete
Name: HILLBURN, FRANK M
Address: 326 SOUTH 2ND STREET
City-St-Zip: FORT PIERCE, FL 3495

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

Title: VP ( ) Delete
Name: COLLINS, JANET
Address: P.O. BOX 4114
City-St-Zip: FT. PIERCE, FL 34948

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 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: JOANN CONNER T 05/02/2008
Electronic Signature of Signing Officer or Director Date