

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005017

FILED
Mar 29, 2007
Secretary of State

Entity Name: PAUL C. PERKINS BAR ASSOCIATION, INC.

Current Principal Place of Business:

C/O REGINALD HICKS
219 LIME AVE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
ORLANDO, FL 328020866 US

New Mailing Address:

FEI Number: 59-3532540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, REGINALD L ESQUIRE
219 LIME AVENUE
ORLANDO, FL 32805 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: PD () Delete
Name: JACKSON, LASHAWNDA K.
Address: 300 SOUTH ORANGE AVENUE, SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: VPD () Delete
Name: DONELL, ARAMIS
Address: 435 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: SHORTER, LYNEDA
Address: 415 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: MESSERSMITH, CANDY
Address: 300 SO. ORANGE AVENUE, SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: WHITE, ANDREA
Address: 390 NORTH ORANGE AVENUE, SUITE 1210
City-St-Zip: ORLANDO, FL 32801

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 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: LASHAWNDA JACKSON

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date