2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005017

FILED Apr 30, 2011 Secretary of State

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

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

C/O HARRIET P. BROWN 8401 ISLAND PALM CIRCLE ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

P.O. BOX 866

ORLANDO, FL 328020866 US

FEI Number: 59-3537540 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:

BROWN, HARRIET P ESQUIRE 8401 ISLAND PALM CIRCLE ORLANDO, FL 32835 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: CHANNELL, WARREN ESQUIRE

Address: P.O. BOX 866

City-St-Zip: ORLANDO, FL 328020866 US

Title: VPD

Name: GIRLEY, JERRY ESQUIRE

Address: P.O. BOX 866

City-St-Zip: ORLANDO, FL 328020866

Title: SD

Name: ST. LOUIS, STEPHANIE S ESQUIRE

Address: P.O. BOX 866

City-St-Zip: ORLANDO, FL 328020866

Title: TD

Name: BROWN, HARRIET P ESQUIRE

Address: P.O. BOX 866

City-St-Zip: ORLANDO, FL 328020866 US

Title: PAD

Name: BLOCKER, JONATHAN ESQUIRE

Address: P. O. BOX 866

City-St-Zip: ORLANDO, FL 328020866 US

Title: PP

Name: COUNTS, CLARENCE ESQUIRE

Address: P.O. BOX 866

City-St-Zip: ORLANDO, FL 328020866

I hereby 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 all other like empowered.

SIGNATURE: HARRIET P. BROWN TREA 04/30/2011