

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47007

Entity Name: THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.**Current Principal Place of Business:**221 N. HOGAN STREET
BOX 349
JACKSONVILLE, FL 32202**Current Mailing Address:**221 N. HOGAN STREET
BOX 349
JACKSONVILLE, FL 32202 US**FEI Number:** 59-3135855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WULBERN, ALLAN E. ESQ.
ONE INDEPENDENT DRIVE
SUITE 3300
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:** /S/ ALLAN E. WULBERN

01/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WULBERN, ALLAN E. ESQ.
Address	SMITH HULSEY & BUSEY ONE INDEPENDENT DRIVE SUITE 3300
City-State-Zip:	JACKSONVILLE FL 32202
Title	TREASURER
Name	WASKIEWICZ, MICHAEL S. ESQ.
Address	BURR & FORMAN, LLP 50 N. LAURA STREET SUITE 3000
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	LEITCH, AMY M. ESQ.
Address	AKERMAN LLP 50 N. LAURA STREET SUITE 3100
City-State-Zip:	JACKSONVILLE FL 32202
Title	SECRETARY
Name	MCCONNELL, JERRETT M. ESQ.
Address	MCCONNELL LAW GROUP, P.A. 6100 GREENLAND ROAD SUITE 603
City-State-Zip:	JACKSONVILLE FL 32258

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: ALLAN E WULBERN

PRESIDENT

01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date