

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47007

Entity Name: THE JACKSONVILLE BANKRUPTCY BAR ASSOCIATION, INC.**FILED**
Jan 08, 2014
Secretary of State
CC6379121129**Current Principal Place of Business:**ATTN: JASON BURGESS
118 WEST ADAMS STREET SUITE 900
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:**HEEKIN, ROBERT A JR.
50 NORTH LAURA STREET
SUITE 1600
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: ROBERT A. HEEKIN, JR.****01/08/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	HEEKIN, ROBERT A JR.
Address	50 NORTH LAURA STREET SUITE 1600
City-State-Zip:	JACKSONVILLE FL 32202

Title	CHAIRMAN
Name	SUMMERS, ELLSWORTH
Address	ROGERS TOWERS, 1301 RIVERPLACE BLVD, 1500
City-State-Zip:	JACKSONVILLE FL 32207

Title	PRESIDENT
Name	BURGESS, JASON A
Address	118 W. ADAMS ST SUITE 900
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	PAYSINGER, KEVIN B
Address	1710 SHADOWOOD LANE SUITE 210
City-State-Zip:	JACKSONVILLE FL 32207

Title	SECRETARY
Name	FACKLER, KATHERINE
Address	50 N. LAURA STREET SUITE 3100
City-State-Zip:	JACKSONVILLE FL 32202

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: KEVIN B. PAYSINGER**TREASURER****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date