

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# N97000004041

Entity Name: NATIONAL LAWYERS ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

17201 E 40 HWY  
207  
INDEPENDENCE, MO 64055 US

**New Principal Place of Business:**

**Current Mailing Address:**

17201 E 40 HWY  
207  
INDEPENDENCE, MO 64055 US

**New Mailing Address:**

FEI Number: 65-0823679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, THOMAS R JR  
SPENCER & KLEIN, P.A.  
PENTHOUSE 11B, TWO ALHAMBRA PLAZA  
CORAL GABLES, FL 33134 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: D            ( ) Delete  
Name: MANDINA, MARIO  
Address: 2408 EMERALD CREEK  
City-St-Zip: BLUE SPRINGS, MO 64015

Title: D            ( ) Delete  
Name: CANNADA, ROBERT C  
Address: 210 E CAPITOL ST, 17TH FLOOR  
City-St-Zip: JACKSON, MS 392252567

Title: D            ( ) Delete  
Name: CURRIE, EDWARD  
Address: P.O.BOX 750  
City-St-Zip: JACKSON, MS 39225

Title: CEBA        ( ) Delete  
Name: MATEER, ROBERT  
Address: P.O. BOX 11471  
City-St-Zip: LYNCHBURG, VA 24506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            (X) Change ( ) Addition  
Name: ROBERT, BARTH  
Address: BOX ONE  
City-St-Zip: OAK BROOK, IL 60522

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: MARIO MANDINA

MR.

01/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date