2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
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

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: ( ) 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: MARIO MANDINA PRES 04/28/2006

Electronic Signature of Signing Officer or Director Date