

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # 705066 (9)
1. Corporation Name

BROWARD COUNTY BAR ASSOCIATION



Principal Place of Business: 1051 SE THIRD AVE. FORT LAUDERDALE FL 33316
Mailing Address: 1051 SE THIRD AVE. FORT LAUDERDALE FL 33316

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/14/1963	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1036561	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	Country	28. Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOWARD, NORMA B 1051 SE THIRD AVE. FT. LAUDERDALE FL 33316				81. Name	White, Cynthia R.		
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.	1051 SE Third Ave.		
				84. City	Ft. Lauderdale	FL	85. Zip Code 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CONAHAN, LINDA A		1.2 NAME	Wich, Donald A., Jr.			
STREET ADDRESS	100 N E 3RD AVE SUITE 1100		1.3 STREET ADDRESS	2400 E. Commercial Blvd. Suite 620			
CITY-ST-ZIP	FT LAUDERDALE F		1.4 CITY-ST-ZIP	FT Lauderdale, FL 33308			
TITLE	PE	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DINER, JESSE H		2.2 NAME				
STREET ADDRESS	1948 TYLER ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	PE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, WALTER G JR		3.2 NAME				
STREET ADDRESS	700 S E 3RD AVE SUITE 100		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAILEY, TIMOTHY L.		4.2 NAME				
STREET ADDRESS	2335 E ATLANTIC BLVD, SUITE 300		4.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEAVERS, BETTY ANNE		5.2 NAME				
STREET ADDRESS	8751 W. BROWARD BLVD, SUITE 307		5.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHAMBLISS, LINDA		6.2 NAME				
STREET ADDRESS	707 S.E. 3RD AVENUE, STE 401		6.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 04/09/96 954-764-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)