

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705066 (9)**

1. Corporation Name  
**BROWARD COUNTY BAR ASSOCIATION**



Principal Place of Business <b>1051 SE THIRD AVE. FORT LAUDERDALE FL 33316</b>	Mailing Address <b>1051 SE THIRD AVE. FORT LAUDERDALE FL 33316-1107</b>
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3. Date Incorporated or Qualified <b>01/14/1963</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-1036561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**WHITE, CYNTHIA R.  
1051 SE 3RD AVE  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>WICH, DONALD A. JR</b>
STREET ADDRESS	<b>2400 E COMMERCIAL BLVD, STE 620</b>
CITY-ST-ZIP	<b>FT LAUDERDALE F</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DINER, JESSE H</b>
STREET ADDRESS	<b>1946 TYLER ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>PE</b> <input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, WALTER G JR</b>
STREET ADDRESS	<b>700 S E 3RD AVE SUITE 100</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAILEY, TIMOTHY L.</b>
STREET ADDRESS	<b>2335 E ATLANTIC BLVD, SUITE 300</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BEAVERS, BETTY ANNE</b>
STREET ADDRESS	<b>8751 W. BROWARD BLVD, SUITE 307</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHAMBLISS, LINDA</b>
STREET ADDRESS	<b>707 S.E. 3RD AVENUE, STE 401</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lynn Futch Cooney</b>
4.3 STREET ADDRESS	<b>633 S. Federal Hwy., Ste. 800</b>
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33302</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Catherine W. Zippay</b>
5.3 STREET ADDRESS	<b>1401 University Dr., Ste. 301</b>
5.4 CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald A. Wich, Jr.* /10/97 Date: \_\_\_\_\_ (954) 776-1600 Daytime Phone # 0036537

CR2E037 (9/96)