

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90018 028 ****61.25

DOCUMENT # N98000000112
 1. Entity Name
MIAMI-DADE COUNTY BAR ASSOCIATION, INC.



Principal Place of Business Mailing Address
123 N.W. FIRST AVENUE **123 N.W. FIRST AVENUE**
MIAMI FL 33128 **MIAMI FL 33128**

24037723



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0904450 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIDGELY, JOHNNIE M
123 N.W. FIRST AVENUE
#214
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D PENNEKAMP, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2665 SO. BAYSHORE DR. PH 1	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE NAME	D HICKEY, JOHN H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1401 BRICKELL AVENUE #500	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	D ROBERT, FIORE J	<input type="checkbox"/> Delete
STREET ADDRESS	28 WEST FLAGLER STREET 11 FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33-4130	
TITLE NAME	D RIDGELY, JOHNNIE M	<input type="checkbox"/> Delete
STREET ADDRESS	123 N.W. FIRST AVENUE #214	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE NAME	D MCCLURE, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	100 SE 2 ST 17 FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	D THORNTON, JOHN W	<input type="checkbox"/> Delete
STREET ADDRESS	200 SO BISCAYNE BLVD #3420	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D John P. Murray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3250 Mary Street	
CITY-ST-ZIP	Miami, Fla. 33133	
TITLE NAME	D Candis Trusty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9130 So. Dadeland Blvd. #1225	
CITY-ST-ZIP	Miami, Fla. 33156	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ridgely*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04 305/371-2220

Date Daytime Phone #