


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000112 1. Entity Name MIAMI-DADE COUNTY BAR ASSOCIATION, INC.	
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Principal Place of Business 123 N.W. FIRST AVENUE MIAMI, FL 33128	Mailing Address 123 N.W. FIRST AVENUE MIAMI, FL 33128
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0904450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JOHN P 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, FIORE J 28 WEST FLAGLER STREET 11 FL WEST PALM BEACH, FL 334130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGELY, JOHNNIE M 123 N.W. FIRST AVENUE #214 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUSTY, CANDIS 9130 SOUTH DADELAND BLVD. #1225 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, JOHN W 200 SO BISCAYNE BLVD #3420 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000181886
01/19/05-80006-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Ridgely* Date: 1-12-05 Daytime Phone #: 305/371-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. RIDGELY