


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP      CR2E037 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

6. 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, 2006**

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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U00000396329  
 01/30/06-80005-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Johnnie M. Ridgely*      1-18-06      305/991-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytona Phone #

**JOHNNIE M. RIDGELY**