


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90055 036 \*\*\*\*61.25

<b>DOCUMENT # 763623</b> 1. Entity Name <b>SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.</b>					
Principal Place of Business <b>MIAMI-DADE COUNTY LAW LIBRARY</b> <b>73 W FLAGLER ST, 321-A</b> <b>MIAMI, FL 33130 US</b>			Mailing Address <b>410 W 62ND STREET</b> <b>MIAMI BEACH, FL 33140 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>EDEE HAMMER</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>201 S. BISCAYNE BLVD #1500</b>			
City & State		City & State <b>MIAMI FL</b>			
Zip	Country	Zip <b>33131</b>	Country <b>US</b>	4. FEI Number <b>59-2596419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KORMAN, JEANNE</b> <b>WEST</b> <b>100 SE 2ND STREET SUITE 2770</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>EDEE HAMMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S. BISCAYNE BLVD. # 1500</b> <b>MIAMI</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>		
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 <i>Edee Hammer, Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4-13-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHATTO, CALMER</b> <b>UNIVERSITY OF MIAMI LAW PO BOX 248087</b> <b>CORAL GABLES, FL 33124</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>ROSIN, KATHERINE</b> <b>201 S. BISCAYNE BLVD STE 2400</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KASKEY, SID</b> <b>200 S BISCAYNE BLVD STE 2300</b> <b>MIAMI, FL 33130</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HUDSON, ROBERT</b> <b>16400 NW 32ND AVE ST. THOMAS LAW</b> <b>MIAMI, FL 33054</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KORMAN, JEANNE</b> <b>100 SE 2ND STREET SUITE 2770</b> <b>MIAMI, FL 33130</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>EDEE HAMMER</b> <b>201 S. BISCAYNE BLVD. #1500</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edee Hammer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-13-07</b> <b>305-379-9139</b> <small>Daytime Phone #</small>		