

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90055 040 \*\*\*\*61.25

**DOCUMENT # 763623**

1. Entity Name  
SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES,  
INC.



Principal Place of Business  
MIAMI-DADE COUNTY LAW LIBRARY  
73 W FLAGLER ST, 321-A  
MIAMI, FL 33130 US

Mailing Address  
EDEE HAMMER  
201 S BISCAYNE BLVD #1500  
MIAMI, FL 33131 US

40050985



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2596419

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMER, EDEE  
201 S BISCAYNE BLVD #1500  
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Delete  
NAME CHATTO, CALMER  
STREET ADDRESS UNIVERSITY OF MIAMI LAW PO BOX 248087  
CITY-ST-ZIP CORAL GABLES, FL 33124

TITLE SECRETARY S ☒ Change ☐ Addition  
NAME MEG KRIBBLE  
STREET ADDRESS 3305 COLLEGE AVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE PP ☒ Delete  
NAME ROSIN, KATHERINE  
STREET ADDRESS 201 S. BISCAYNE BLVD STE 2400  
CITY-ST-ZIP MIAMI, FL 33131

TITLE PAST PRESIDENT PP ☒ Change ☐ Addition  
NAME SID KASKEY  
STREET ADDRESS 200 S. BISCAYNE BLVD. #4000  
CITY-ST-ZIP MIAMI FL 33131

TITLE P ☒ Delete  
NAME KASKEY, SID  
STREET ADDRESS 200 S BISCAYNE BLVD STE 2300  
CITY-ST-ZIP MIAMI, FL 33130

TITLE PRESIDENT P ☒ Change ☐ Addition  
NAME ROBERT HUDSON  
STREET ADDRESS 3305 COLLEGE AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE V ☒ Delete  
NAME HUDSON, ROBERT  
STREET ADDRESS 16400 NW 32ND AVE ST. THOMAS LAW  
CITY-ST-ZIP MIAMI, FL 33054

TITLE VICE PRESIDENT V ☒ Change ☐ Addition  
NAME KATHLEEN BROWN  
STREET ADDRESS 16401 NW 37TH AVE  
CITY-ST-ZIP MIAMI LAKES FL 33054

TITLE T ☐ Delete  
NAME HAMMER, EDEE  
STREET ADDRESS 201 S BISCAYNE BLVD #1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Ede Hammer EDEE HAMMER 3/20/08 305-379-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #