2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006904

1. Entity Name
THE BANKRUPTCY BAR FOUNDATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
200 E. BROWARD BLVD. SUITE 1110 FORT LAUDERDALE, FL 33301 US	200 E. BROWARD BLVD. SUITE 1110 FORT LAUDERDALE, FL 33301 US

01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1055177
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESSANA, THOMAS M
200 E. BROWARD BLVD.
SUITE 1110
FORT LAUDERDALE, FL 33301

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, 2008

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

U00000823370
02/20/08-80032-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	REDMOND, PATRICIA A
STREET ADDRESS	150 WEST FLAGLER ST., SUITE 2200
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DT
NAME	MESSANA, THOMAS M
STREET ADDRESS	200 E. BROWARD BLVD., SUITE 1110
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	DP
NAME	SINGERMAN, PAUL STEVEN
STREET ADDRESS	200 S. BISCAYNE BLVD., #1000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #