

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006904

FILED  
Apr 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 65-1055177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESSANA, THOMAS M  
401 EAST LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: REDMOND, PATRICIA A  
Address: 150 WEST FLAGLER ST., SUITE 2200  
City-St-Zip: MIAMI, FL 33130 US

Title: DT  
Name: MESSANA, THOMAS M  
Address: 401 EAST LAS OLAS BLVD., #1400  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: DP  
Name: SINGERMAN, PAUL STEVEN  
Address: 200 S. BISCAYNE BLVD., #1000  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS M. MESSANA

DT

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date