

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009310

FILED
Apr 27, 2007
Secretary of State

Entity Name: BROWARD COUNTY JUDICIAL ASSISTANTS ASSOCIATION, INC.

Current Principal Place of Business:

RM 1010B, 201 SE 6TH ST.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

RM 1010B, 201 SE 6TH ST.
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWLER, PAULA
RM 1010B, 201 SE 6TH ST.
FT. 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: PD () Delete
Name: LAWLER, PAULA
Address: RM 1010B, 201 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VD () Delete
Name: SCANDIFFIO, STACY
Address: RM 1010B, 201 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SD () Delete
Name: GALLO, JO ANN
Address: RM 1010B, 201 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD () Delete
Name: GUTTENTAG, IRENE
Address: RM 455, 201 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA LAWLER

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date