

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001446

FILED
Apr 07, 2008
Secretary of State

Entity Name: DADE COUNTY BAIL BOND ASSOCIATION, INC.

Current Principal Place of Business:

225 ARAGON AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

225 ARAGON AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 32-0242981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLIS, TIM
125 NE 8TH STREET
2
HOMESTEAD, FL 33030 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: P () Delete
Name: WHITMAN, ART
Address: 19553 NW 2 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VP () Delete
Name: MORRIS, ELIZABETH
Address: 125 NE 8TH STREET #2
City-St-Zip: HOMESTEAD, FL 33030

Title: DIR () Delete
Name: BRENNAN, JOE
Address: 225 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR () Delete
Name: SHEPPARD, ED
Address: 9000 SW 94TH STREET
City-St-Zip: MIAMI, FL 33176

Title: DIR () Delete
Name: BENVENISTE, JACK
Address: 1626A ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DIR () Change (X) Addition
Name: WALTERS, RUSS
Address: 1390 NW 16TH STREET
City-St-Zip: MIAMI, FL 33125

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: JOSEPH P BRENNAN

DIR

04/07/2008

Electronic Signature of Signing Officer or Director

Date