


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N32749
 1. Entity Name
THE DADE COUNTY BAR ASSOCIATION



Principal Place of Business Mailing Address
 123 N. W. FIRST AVE. 123 N.W. FIRST AVE
 STE. 214 STE. 214
 MIAMI, FL 33128 US MIAMI, FL 33128 US

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-0711420** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIDGELY, JOHNNIE M
123 NW 1 AVE #214
MIAMI, FL 33128

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THORNTON, JOHN W JR
STREET ADDRESS	200 S BISCAYNE BLVD #3420
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	RIDGLEY, J
STREET ADDRESS	123 NW 1ST AVE 214
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	FIORE, ROBERT J
STREET ADDRESS	28 WEST FLAGLER STREET 11 FL
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	MURRAY, JOHN P
STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	RAVICH, TIMOTHY M
STREET ADDRESS	1111 BRICKELL AVE. #2500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/30/06-80005-022 61.25

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: *Johnnie M. Ridgely* Date: *1-18-06* Daytime Phone #: *305/371-2220*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNIE M. RIDGELY