FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40815 (5)

1. Corporation Name

THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KAREN K. SPECIE 2631 N.W. 41ST STREET, E-2 GAINESVILLE FL 32606-6689	C/O KAREN K. SPECIE 2631 N.W. 41ST STREET, E-2 GAINESVILLE FL 32606-6689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1990
3a. Date of Last Report: 11/15/1994
4. FEI Number: 59-3066794 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Lofton Westmoreland	26 c/o Lofton Westmoreland
Suite, Apt. #, etc. 22 220 W. Garden St.,9th Floor	Suite, Apt. #, etc. 27 P.O. Box 1792
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip / Country 24 32501 / 25 Escambia	Zip / Country 29 32598 / 30 Escambia

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPECIE, KAREN K 2631 N.W. 41ST STREET, E-2 GAINESVILLE FL 32606-6689	81 Name: Lofton Westmoreland 82 Street Address (P.O. Box Number is Not Acceptable): 220 W. Garden Street, 9th Floor 83 Sun Bank Tower 84 City: Pensacola FL 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 1.31.95
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President Elect	☒ Change ☐ Addition
NAME	SPECIE, KAREN K	1.2 NAME	Kiehn, Roland	
STREET ADDRESS	2631 N.W. 41ST STREET, E-2	1.3 STREET ADDRESS	220 McKenzie Avenue	
CITY-ST-ZIP	GAINESVILLE FL 32606-6689	1.4 CITY-ST-ZIP	Panama City, FL 32402	
TITLE	PD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WESTMORELAND, J. LOFTON	2.2 NAME	Bussell, Sally Ann	
STREET ADDRESS	220 W. GARDEN STREET, SUITE 900	2.3 STREET ADDRESS	25 W. Cedar Street	
CITY-ST-ZIP	PENSACOLA FL 32598-1792	2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BUSSELL, SALLY	3.2 NAME	Hart, Leigh	
STREET ADDRESS	25 CEDAR STREET	3.3 STREET ADDRESS	1105 N. Duval Street	
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE	T	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	DONOHUE, JAMES M	4.2 NAME	Sperling, Sharon	
STREET ADDRESS	306 E. COLLEGE AVE.	4.3 STREET ADDRESS	500 E. University Ave., Ste. C	
CITY-ST-ZIP	TALLAHASSEE FL 32302-1169	4.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, W. KIRK	5.2 NAME	Specie, Karen K.	
STREET ADDRESS	924 N. GADSDEN STREET	5.3 STREET ADDRESS	2631 N.W. 41st Street, E-2	
CITY-ST-ZIP	TALLAHASSEE FL 32303	5.4 CITY-ST-ZIP	Gainesville, FL 32606-6689	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KIEHN, ROLAND	6.2 NAME		
STREET ADDRESS	220 MCKENZIE AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1.31.95 904 434 3541
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0003813