

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N40815 (5)**

1. Corporation Name

**THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O LOFTON WESTMORELAND  
220 W GARDEN ST., 9TH FLOOR  
PENSACOLA FL 32501  
US

C/O LOFTON WESTMORELAND  
P O BOX 1792  
PENSACOLA FL 32598  
US

3. Date Incorporated or Qualified

**11/14/1990**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

**21 c/o Roland W. Kiehn**

**26 c/o Roland W. Kiehn**

4. FEI Number

**59-3066794**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 220 McKenzie Avenue**

**27 P. O. Box 2467**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

City & State

**23 Panama City, FL**

**28 Panama City, FL**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 32402**

**25 US**

**29 32402**

**30 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOFTON, WESTMORELAND  
220 W GARDEN STREET  
9TH FLOOR SUN BANK TOWER  
PENSACOLA FL 32501**

81 Name

**Kiehn, Roland**

82 Street Address (P.O. Box Number is Not Acceptable)

**220 McKenzie Avenue**

83

84 City

**Panama City**

**FL**

85 Zip Code

**32402**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**Roland W. Kiehn, President**

**2-2-96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PE** ☐ DELETE  
NAME **KIEHN, ROLAND**  
STREET ADDRESS **220 MCKENZIE AVENUE**  
CITY - ST - ZIP **PANAMA CITY FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME **Kiehn, Roland**  
1.3 STREET ADDRESS **220 McKenzie Avenue**  
1.4 CITY - ST - ZIP **Panama City, FL 32402**

TITLE **PD** ☒ DELETE  
NAME **WESTMORELAND, J. LOFTON**  
STREET ADDRESS **220 W. GARDEN STREET, SUITE 900**  
CITY - ST - ZIP **PENSACOLA FL 32598-1792**

2.1 TITLE **V/D** ☒ Change ☐ Addition  
2.2 NAME **Sperling, Sharon**  
2.3 STREET ADDRESS **500 E. University Ave., Suite C**  
2.4 CITY - ST - ZIP **Gainesville, FL 32601-5450**

TITLE **SD** ☒ DELETE  
NAME **HART, LEIGH**  
STREET ADDRESS **1105 N DUVAL STREET**  
CITY - ST - ZIP **TALLAHASSEE FL**

3.1 TITLE **V/D** ☒ Change ☐ Addition  
3.2 NAME **Brown, W. Kirk**  
3.3 STREET ADDRESS **924 North Gadsden Street**  
3.4 CITY - ST - ZIP **Tallahassee, FL 32303-6316**

TITLE **TD** ☒ DELETE  
NAME **SPERLING, SHARON**  
STREET ADDRESS **500 E UNIVERSITY AVENUE, STE. C**  
CITY - ST - ZIP **GAINESVILLE FL**

4.1 TITLE **S/D** ☒ Change ☐ Addition  
4.2 NAME **Bussell, Sally C.**  
4.3 STREET ADDRESS **25 W. Cedar St., 4th Floor**  
4.4 CITY - ST - ZIP **Pensacola, FL 32501**

TITLE **D** ☒ DELETE  
NAME **BROWN, W. KIRK**  
STREET ADDRESS **924 N. GADSDEN STREET**  
CITY - ST - ZIP **TALLAHASSEE FL 32303**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE  
NAME **KIEHN, ROLAND**  
STREET ADDRESS **220 MCKENZIE AVENUE**  
CITY - ST - ZIP **PANAMA CITY FL 32402**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Sally C. Bussell**

**(304)**

**434-0142**

Date

Daytime Phone #

CR2E037 (12/95)