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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 ROLAND W. KIEHN
220 MCKENZIE AVENUE
PANAMA CITY FL 32402
USC/O ROLAND W. KIEHN
P.O. BOX 2467
PANAMA CITY FL 32402-2467
US3. Date Incorporated or Qualified
11/14/19903a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 **500 E. UNIVERSITY AVE** 22 **500 E. UNIVERSITY AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE C**27 **STE C**

City & State

City & State

23 **GAINESVILLE FL**28 **GAINESVILLE FL**

Zip

Zip

24 **32601**25 **US**29 **32601**30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIEHN, ROLAND
220 MCKENZIE AVENUE
PANAMA CITY FL 32402

81 Name

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

83 **500 E. UNIVERSITY AVE**84 **SUITE C**85 **GAINESVILLE**

FL

86 Zip Code

32601

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 further with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KIEHN, ROLAND**
STREET ADDRESS **220 MCKENZIE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **SPERLING, SHARON**
STREET ADDRESS **500 E. UNIVERSITY AVENUE SUITE C**
CITY-ST-ZIP **GAINESVILLE FL**2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **VD** ☒ DELETE
NAME **BROWN, KIRK**
STREET ADDRESS **924 NORTH GADSDEN STREET**
CITY-ST-ZIP **TALLAHASSEE FL**3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **J. STEVEN FORD**
3.3 STREET ADDRESS **101 N. PALAFOX ST.**
3.4 CITY-ST-ZIP **PENSACOLA FL 32501-4838**TITLE **SD** ☒ DELETE
NAME **BUSSELL, SALLY C.**
STREET ADDRESS **25 W. CEDAR STREET 4TH FLOOR**
CITY-ST-ZIP **PENSACOLA FL**4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
4.2 NAME **JERRY W. GERDE**
4.3 STREET ADDRESS **239 E. 4TH STREET**
4.4 CITY-ST-ZIP **PANAMA CITY FL 32401-3110**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De-facto Phone # (Area Code)

CR2E037 (9/96)