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Oct 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40815** (5)

1. Corporation Name

THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.

Principal Place of Business

**500 E UNIVERSITY AVE
SUITE C
GAINESVILLE FL 32601
US**

Mailing Address

**500 E UNIVERSITY AVE
SUITE C
GAINESVILLE FL 32601
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SPERLING, SHARON
500 E UNIVERSITY AVE
SUITE C
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified

11/14/1990

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Ronald A. Mowrey**
82 Street Address (P.O. Box Number is Not Acceptable) **515 N. Adams St.**
83
84 City **Tallahassee, FL** 85 Zip Code **32301**

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

Ronald A. Mowrey, Director/att at law 9/29/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ DELETE
NAME **FORD, J STEPHEN**
STREET ADDRESS **107 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D + P** ☐ DELETE
NAME **GERDE, JERRY W**
STREET ADDRESS **239 E 4TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Ronald A. Mowrey**
1.3 STREET ADDRESS **515 N. Adams St.**
1.4 CITY-ST-ZIP **Tallahassee, Fla. 32301**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Michael D. Bruckman**
2.3 STREET ADDRESS **3601 S.W. 2nd Ave, Ste 4**
2.4 CITY-ST-ZIP **Gainesville, Fla. 32607**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME **80000266378**
5.3 STREET ADDRESS **-10/19/98--01016--012**
5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Jerry W Gerde* 9-28-98 713-8421

CR2E037 (10/97)