

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90004 026 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40815

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 **515 NORTH ADAMS ST.**

Suite, Apt. #, etc.

22

City & State

23 **TALLAHASSEE, FL**

Zip

24 **32301**

Country

25 **USA**

2a. Mailing Address

26 **515 NORTH ADAMS ST.**

Suite, Apt. #, etc.

27

City & State

28 **TALLAHASSEE, FL**

Zip

29 **32301**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

MOWREY, RONALD A
515 NORTH ADAMS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 **MOWREY, RONALD A**

STREET ADDRESS **515 NORTH ADAMS STREET**

CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ DELETE

NAME **BRUCKMAN, MICHAEL D**

STREET ADDRESS **3601 S.W. 2ND AVENUE, SUITE U**

CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ DELETE

NAME **FORD, J STEPHEN**

STREET ADDRESS **107 N PALAFOX ST**

CITY-ST-ZIP **PENSACOLA FL**

TITLE **DP** ☐ 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 **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **MOWREY, RONALD A.**

1.3 STREET ADDRESS **515 NORTH ADAMS STREET**

1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **GERDE, JERRY W.**

2.3 STREET ADDRESS **239 E. 4TH ST.**

2.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **COPELAND, TOM L**

3.3 STREET ADDRESS **1025-SC N. MAIN ST**

3.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME **STROM, TRACY O.**

4.3 STREET ADDRESS **P.O. DRAWER 2167**

4.4 CITY-ST-ZIP **FORT WALTON BEACH, FL 32549**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **FRIER, J. RANDALL**

5.3 STREET ADDRESS **2927 KERRY FOREST PARKWAY**

5.4 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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, with all other like empowered.

SIGNATURE: **Tom L. Copeland** 4-1-99 (904) 454-5297

CR2E037 (1/98)