

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40815

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.

Current Principal Place of Business:

1624 NW 6TH STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

1624 NW 6TH STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3066794 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRUCKMAN, MICHAEL D ESQ.
1624 NW 6TH STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARVIN, KARIN A
Address: 220 W GARDEN ST STE 805
City-St-Zip: PENSACOLA, FL 32502 US

Title: D () Delete
Name: COTHRAN, MONICA
Address: 1004 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: D () Delete
Name: PYE, THOMAS G
Address: 408 W UNIVERSITY AVE STE 108B
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: BENDER, TERESA M ESQ.
Address: P.O. BOX 14557
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D () Delete
Name: BRUCKMAN, MICHAEL D ESQ.
Address: 1624 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D () Delete
Name: SORENSON, JAMES E ESQ,
Address: P.O. BOX 4128
City-St-Zip: TALLAHASSEE, FL 32315 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. BRUCKMAN

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date