

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41282

FILED
Apr 29, 2009
Secretary of State

Entity Name: F. MALCOLM CUNNINGHAM SR. BAR ASSOCIATION, INC.

Current Principal Place of Business:

400 S. AUSTRALIAN AVE.
STE. 700
W.P.B., FL 334015044

New Principal Place of Business:

625 N FLAGLER DRIVE, 7TH FLOOR
W.P.B., FL 33401

Current Mailing Address:

P.O. BOX 153
W.P.B., FL 33402

New Mailing Address:

FEI Number: 65-0246359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, F. MALCOLM JR
400 AUSTRALIAN AVENUE SOUTH
SUITE 700
WEST PALM BEACH, FL 334015044 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: PE () Delete
Name: POWERY, SANDRA M
Address: PO BOX 220662
City-St-Zip: WEST PALM BEACH, FL 33422

Title: P () Delete
Name: MITCHELL, TRACY S
Address: 3111 STIRLING ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: WELLS, NIKASHA
Address: PO BOX 3841
City-St-Zip: WEST PALM BEACH, FL 33402

Title: T () Delete
Name: SMITH, GRASFORD W
Address: 1900 PHILLIPS POINT WEST
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: POWERY, SANDRA M
Address: PO BOX 220662
City-St-Zip: WEST PALM BEACH, FL 33422

Title: PRES (X) Change () Addition
Name: MITCHELL, TRACY A
Address: 3111 STIRLING ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SEC (X) Change () Addition
Name: LAWSON, CRAIG W
Address: 1880 N. CONGRESS AVE., SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PE (X) Change () Addition
Name: SMITH, GRASFORD W
Address: 1900 PHILLIPS POINT WEST
City-St-Zip: WEST PALM BEACH, FL 33401

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: TRACY A. MITCHELL

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date