2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N50207

1. Entity Name
ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
112 WEST CITRUS ST. STE 2 ALTAMONTE SPRINGS, FL 32714	112 WEST CITRUS ST. STE 2 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3142621

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALPER, HARVEY M.
112 W. CITRUS ST.
ALTAMONTE SPRINGS, FL 32714

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALPER, HARVEY M.
STREET ADDRESS	112 W. CITRUS ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	D
NAME	LITTLE, JOSEPH
STREET ADDRESS	3731 N.W. 13TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	STV
NAME	LITTLE, JOSEPH
STREET ADDRESS	3731 N.W. 13TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	TRAWICK, HENRY P J
STREET ADDRESS	2051 MAIN STREET
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	MURPHY, WILL
STREET ADDRESS	4770 BISCAYNE BLVD, STE 960
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	HENDRICKS, JANE E
STREET ADDRESS	PMB 117 8306 MILLS DRIVE
CITY-ST-ZIP	MIAMI, FL 33183

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01/28/05-80111-007 61.25

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12. *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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/5/05 407 869 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #