

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50207

FILED  
Feb 02, 2006  
Secretary of State

**Entity Name:** ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

112 WEST CITRUS ST.  
STE 2  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

112 WEST CITRUS ST.  
STE 2  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

PO BOX 162967  
ALTAMONTE SPRINGS, FL 327162967

**FEI Number:** 59-3142621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALPER, HARVEY M.  
112 W. CITRUS ST.  
ALTAMONTE SPRINGS, FL 32714 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: DP ( ) Delete  
Name: ALPER, HARVEY M.,  
Address: 112 W. CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D ( ) Delete  
Name: LITTLE, JOSEPH,  
Address: 3731 N.W. 13TH PLACE  
City-St-Zip: GAINESVILLE, FL

Title: STV ( ) Delete  
Name: LITTLE, JOSEPH,  
Address: 3731 N.W. 13TH PLACE  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: TRAWICK, HENRY P J  
Address: 2051 MAIN STREET  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: MURPHY, WILL  
Address: 4770 BISCAYNE BLVD, STE 960  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: HENDRICKS, JANE E  
Address: PMB 117 8306 MILLS DRIVE  
City-St-Zip: MIAMI, FL 33183

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HARVEY M. ALPER

P

02/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date