2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# N50207

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:

516 DOUGLAS AVENUE
SUITE 1106
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 162967
ALTAMONTE SPRINGS, FL 327162967

New Mailing Address:

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:

ALPER, HARVEY M.
516 DOUGLAS AVENUE
SUITE 1106
ALTAMONTE SPRINGS, FL 32714 US

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: _____ 03/19/2007
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: DP (X) Change ( ) Addition
Name: ALPER, HARVEY M.,
Address: 516 DOUGLAS AVENUE, SUITE 1106
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 DP 03/19/2007
Electronic Signature of Signing Officer or Director — Date