2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90008 030 ****61.25

DOCUMENT # N94000005133

1. Entity Name
BANKRUPTCY LEGAL ASSISTANTS' ASSOCIATION FOR THE SOUTHERN DISTRICT OF FLORIDA, INC.

20059271

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD SUITE 1225 MIAMI, FL 33156 US	9130 S DADELAND BLVD SUITE 1225 MIAMI, FL 33156 US

05122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1521 Golfview Dr. W.	1521 Golfview Dr. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: Broward	Zip: 33026 Country: Broward

4. FEI Number 65-0624508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN, PATRICIA 9130 S DADELAND BLVD STE 1225 MIAMI, FL 33156	Name: Ryan, Patricia Street Address (P.O. Box Number is Not Acceptable): 1521 Golfview Dr. W. City: Pembroke Pines FL Zip Code: 33026

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: Patricia Ryan 5/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
PATRICIA Ryan, Treasurer/Director

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RYAN, PATRICIA 9130 S DADELAND BLVD STE 1225 MIAMI, FL 33156	☐ Delete	TD Ryan, Patricia 1521 Golfview Dr. W. Pembroke Pines, FL 33026	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, RICHARD 350 E. LAS OLAS BLVD., SUITE 1700 FORT LAUDERDALE, FL 33301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTELICES, FRANCIS 25 SE 2ND AVE #919 MIAMI, FL 33131	☑ Delete	PD Thompson, Carmen 1221 Brickell Avenue Miami, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALTON, EVA 4101 RAVENSWOOD ROAD, SUITE 116 FORT LAUDERDALE, FL 33312	☐ Delete	VD Walton, Eva 4101 Ravenswood Road, Suite 116 Fort Lauderdale, FL 33312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, AL 201 S. BISCAYNE BLVD, #1700 MIAMI, FL 33131	☐ Delete	D Hernandez, AL 1111 Brickell Avenue, 25th Floor Miami, FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN, JOYLYNN T 9130 S. DADELAND BLVD., SUITE 1225 MIAMI, FL 33156	☐ Delete	D Martin, Joy 9130 S. Dadeland Blvd, Suite 1225 Miami, FL 33156	☑ Change ☐ Addition

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: Patricia Ryan 5/19/05 954-712-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PATRICIA Ryan, Treasurer/Director

ATTACHMENT #N94000005733

Additional Officer/Directors 20C59371

S/D
Lamb, Cindi
350 E. Las Olas Blvd., Suite 1700
Fort Lauderdale, FL 33301

D
Crossman, Nancy
1221 Brickell Avenue
Miami, FL 33131