


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90020 010 \*\*\*\*61.25

**DOCUMENT # N95000003519**

1. Entity Name  
**BRANDON BAR ASSOCIATION, INC.**



Principal Place of Business  
**669A W. LUMSDEN ROAD  
 BRANDON, FL 33511-5911 US**

Mailing Address  
**669A W. LUMSDEN ROAD  
 BRANDON, FL 33511-5911 US**

2. Principal Place of Business - No P.O. Box #  
**673 West Lumsden Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**673 West Lumsden Road**  
 Suite, Apt. #, etc.

City & State  
**Brandon, Florida**

City & State  
**Brandon, Florida**

Zip  
**33511**

Country  
**United States**

Zip  
**33511**

Country  
**United States**



02242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3392778**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMBERT, JUDITH S  
 669A W. LUMSDEN ROAD  
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name  
**Judith S. Lambert**

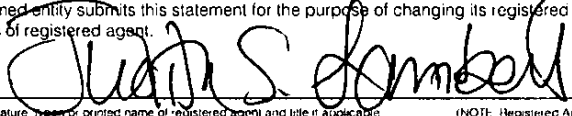
Street Address (P.O. Box Number is Not Acceptable)  
**673 West Lumsden Road**

City  
**Brandon**

State  
**FL**

Zip Code  
**33511**

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:  **4/1/08**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to  
 Florida Department of State**

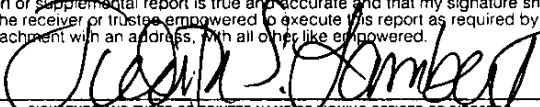
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, JUDITH S 669 WEST LUMSDEN ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAY, GREGORY A 501 VONDERBURG DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, BRENT A 410 WARE BOULEVARD, SUITE 410 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWD, JEFFREY 609 WEST LUMSDEN ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lambert, Judith S. 673 West Lumsden Road Brandon, Florida 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD May, Gregory A 673 West Lumsden Road Brandon, Florida 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rose, Brent A 410 Ware Boulevard, suite 410 Tampa, Florida 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dowd, Jeffrey 609 West Lumsden Road Brandon, Florida 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/1/08** **813-662-7429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #