

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 035 ****61.25

DOCUMENT # N96000004391

1. Entity Name

MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND, INC.



Principal Place of Business

C/O JUDITH FRANKEL
960 ARTHUR GODFREY ROAD, STE 116
MIAMI BEACH FL 33140

Mailing Address

C/O JUDITH FRANKEL
960 ARTHUR GODFREY ROAD, STE 116
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728729

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

FRANKEL, JUDITH A
960 ARTHUR GODFREY ROAD
SUITE 116
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALSCHULER, DAVID	
STREET ADDRESS	1401 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	ZEIGER, MITCHELL	
STREET ADDRESS	16625 SW 74 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	SPILL, JOY	
STREET ADDRESS	9100 S DADELAND BLVD. STE 504	
CITY-ST-ZIP	MIAMI BEACH FL 33156	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	GONGORA, MICHAEL	
STREET ADDRESS	767 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANKEL, JUDITH	
STREET ADDRESS	960 ARTHUR GODFREY ROAD, STE 116	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeiger, Mitchell	
STREET ADDRESS	16625 SW 74 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILL, JOY	
STREET ADDRESS	9100 S DADELAND BLVD. STE 504	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gongora, Michael	
STREET ADDRESS	767 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Judith Frankel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2005 305-674-1313

Date

Daytime Phone #