


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 038 \*\*\*\*61.25

<b>DOCUMENT # N96000004391</b>	
1. Entity Name	
MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND, INC.	

Principal Place of Business	Mailing Address
C/O JUDITH FRANKEL 960 ARTHUR GODFREY ROAD, STE 116 MIAMI BEACH FL 33140	C/O JUDITH FRANKEL 960 ARTHUR GODFREY ROAD, STE 116 MIAMI BEACH FL 33140



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
65-0728729	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANKEL, JUDITH A- 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
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 transferring) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SPILL, JOY
STREET ADDRESS	9100 S DADELAND BLVD. SUITE 504
CITY-ST-ZIP	MIAMI FL 33156
TITLE	PED <input checked="" type="checkbox"/> Delete
NAME	GONGORN, MICHAEL
STREET ADDRESS	121 ALHAMBRA PLAZA 10TH FL
CITY-ST-ZIP	MIAMI FL 33134
TITLE	1VPD <input checked="" type="checkbox"/> Delete
NAME	SPIRES, GILBERT
STREET ADDRESS	767 ARTHUR GODFREY RD.
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	
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	Gongora, Michael
STREET ADDRESS	121 ALHAMBRA PLAZA, 10TH FL.
CITY-ST-ZIP	MIAMI BEACH, FL. 33134
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Squires, Gilbert
STREET ADDRESS	767 ARTHUR GODFREY ROAD
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 exemptions contained in Section 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:**  **3-25-07** **305-674-1313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #