

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90041 046 ****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 - No P.O. Box # 5420 NORTH BAY RD		3. Mailing Address 5420 NORTH BAY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH FL		4. FEI Number 65-0728729	
Zip 33140		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$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) 5420 NORTH BAY ROAD City MIAMI BEACH FL Zip Code 33140		
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 <u>JUDITH FRANKEL</u> DATE <u>4-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME GENYORA, MICHAEL <input checked="" type="checkbox"/> Delete		TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BRUCE REICH	
STREET ADDRESS 121 ALHAMBRA PLAZA, 10FL	CITY-ST-ZIP CORAL GABLES, FL 33134		STREET ADDRESS 767 ARTHUR GODFREY ROAD	CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE S	NAME SQUIRES, GILBERT <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 767 ARTHUR GODFREY ROAD	CITY-ST-ZIP MIAMI BEACH, FL 33140		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME FRANKEL, JUDITH <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 960 ARTHUR GODFREY ROAD, STE 116	CITY-ST-ZIP MIAMI BEACH, FL 33140		STREET ADDRESS 5420 NORTH BAY ROAD	CITY-ST-ZIP MIAMI BEACH, FL 33140	
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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: <u>JUDITH FRANKEL</u>			Date <u>4/15/08</u> Daytime Phone # <u>305-674-1313</u>		