07201999-90026-049-$61.25-$61.25

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90026 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004742

1. Corporation Name
FLORIDA CREDITORS BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STE. 102, 8375 DIX ELLIS TRAIL JACKSONVILLE FL 32256	STE. 102, 8375 DIX ELLIS TRAIL JACKSONVILLE FL 32256

2. Principal Place of Business 21 4100 Southpoint Dr. E. Suite, Apt. #, etc. 22 Suite 3 City & State 23 Jacksonville, FL Zip 24 32216 Country 25	2a. Mailing Address 26 PO Box 550858 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32255 Country 30	3. Date Incorporated or Qualifed 08/20/1997 4. FEI Number NOT-APPLICABLE ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIDAY, ROBERT D ~~STE. 102, 8375 DIX ELLIS TRAIL~~ 4100 Southpoint Drive E JACKSONVILLE FL 32~~256~~216 Fl 3	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HIDAY, ROBERT D		1.2 NAME	
STREET ADDRESS	STE. 102, 8375 DIX ELLIS TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLSON, JERROLD J		2.2 NAME	
STREET ADDRESS	P.O. BOX 4029		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34618		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAKHEIM, SCOTT C		3.2 NAME	
STREET ADDRESS	5310 NW 33RD AVE., STE. 100		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, NATHAN A		4.2 NAME	
STREET ADDRESS	5255 N. FEDERAL HWY., 3RD FL.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CAREY, PATRICK A		5.2 NAME	
STREET ADDRESS	P.O. BOX 574226		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32857		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/28/99 9043632764 x112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #