
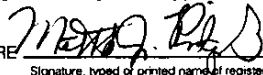



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90254 017 \*\*\*\*61.25

<b>DOCUMENT # N98000000112</b> 1. Entity Name <b>MIAMI-DADE COUNTY BAR ASSOCIATION, INC.</b>					
Principal Place of Business <b>123 N.W. FIRST AVENUE MIAMI, FL 33128</b>			Mailing Address <b>123 N.W. FIRST AVENUE MIAMI, FL 33128</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0904450</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>RIDGELY, JOHNNIE M 123 N.W. FIRST AVENUE #214 MIAMI, FL 33128</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Matthew J. Ridgely</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 N. W. 1 Ave. #214</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33128</b>		
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 		<b>Matthew J. Ridgely, Executive Director</b>		<b>1/4/2007</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURRAY, JOHN P</b> <b>3250 MARY STREET</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ridgely, Matthew J.</b> <b>123 NW 1 Ave #214</b> <b>Miami, FL 33128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT, FIORE J</b> <b>28 WEST FLAGLER STREET 11 FL</b> <b>WEST PALM BEACH, FL 334130</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gross, Merrick</b> <b>One S.E. Third Ave. 28th Floor</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIDGELY, JOHNNIE M</b> <b>123 N.W. FIRST AVENUE #214</b> <b>MIAMI, FL 33128</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Befera, Steven P.</b> <b>19 W Flagler St. #928</b> <b>Miami, FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRUSTY, CANDIS</b> <b>9130 SOUTH DADELAND BLVD. #1225</b> <b>MIAMI, FL 33156</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ravich, Timothy M</b> <b>1111 Brickel Ave. #2500</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THORNTON, JOHN W</b> <b>200 SO BISCAYNE BLVD #3420</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete		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"/> Delete	<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: 		<b>Matthew J. Ridgely, Executive Director</b>		<b>1/4/2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>305 371-2220</b>	