

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000532

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**3088930091CC**

**Entity Name:** DADE COUNTY DEFENSE BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD.  
SUITE 3200  
MIAMI, FL 33131

**Current Mailing Address:**

201 S. BISCAYNE BLVD.  
SUITE 3200  
MIAMI, FL 33131 US

**FEI Number:** 90-0287882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEINICKE, JOHN  
44 WEST FLAGLER ST.  
SUITE 2100  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:** JOHN LEINICKE

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	MOSS, DEVIN A	Name	THORNTON, CLAYTON
Address	201 S. BISCAYNE BLVD. SUITE 3200	Address	1221 BRICKELL AVE. SUITE 1600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	TREASURER	Title	SECRETARY
Name	RUIZ, GABRIELA	Name	WINSBY, JOSEPH
Address	201 S. BISCAYNE BLVD. SUITE 1900	Address	420 SOUTH DIXIE HWY. 3RD FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	CORAL GABLES FL 33146
Title	CHAIRMAN		
Name	LEINICKE, JOHN		
Address	44 WEST FLAGLER ST. SUITE 2100		
City-State-Zip:	MIAMI FL 33130		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN LEINICKE

CHAIRMAN

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date