

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40815

**Entity Name:** THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.**FILED**  
**Jun 15, 2015**  
**Secretary of State**  
**CC8853561616****Current Principal Place of Business:**125 S. GADSDEN STREET  
SUITE 300  
TALLAHASSEE, FL 32301**Current Mailing Address:**125 S. GADSDEN STREET  
SUITE 300  
TALLAHASSEE, FL 32301 US**FEI Number: 59-3066794****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILLER, WILLIAM JJR.  
1211-3 W. THARPE STREET  
TALLAHASSEE, FL 32303 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title DIRECTOR  
Name CHILDERS, JEFF  
Address 1330 NW 6TH STREET  
SUITE C  
City-State-Zip: GAINESVILLE FL 32601Title PRESIDENT  
Name BUCHANAN, RUSSELL  
Address 215 S. MONROE STREET  
SUITE 400  
City-State-Zip: TALLAHASSEE FL 32301Title DIRECTOR  
Name MELZER, HOLLY  
Address 220 MCKENZIE AVENUE  
City-State-Zip: PANAMA CITY FL 32401Title DIRECTOR  
Name POWELL, ROBERT  
Address 125 W. ROMANA STREET  
City-State-Zip: PENSACOLA FL 32502Title DIRECTOR  
Name MOODY, MICHAEL  
Address 101 EAST COLLEGE AVE  
City-State-Zip: TALLAHASSEE FL 32301Title DIRECTOR  
Name WALTON, SARAH S.  
Address 25 WEST CEDAR STREET,  
SUITE 550  
City-State-Zip: PENSACOLA FL 32502Title DIRECTOR  
Name THOMPSON, TREVOR A.  
Address 106 EAST COLLEGE AVENUE,  
SUITE 600  
City-State-Zip: TALLAHASSEE FL 32301

*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: MICHAEL MOODY****DIRECTOR****06/15/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date