FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1996 8:00am
Secretary of State

DOCUMENT # **725515** **(1)**

1. Corporation Name

FLORIDA ASSOCIATION FOR MARRIAGE & FAMILY THERAPY, INC.

Principal Place of Business	Mailing Address
2454 MCMULLEN BOOTH RD. D608 CLEARWATER FL 34695 US	2454 MCMULLEN BOOTH RD. D608 CLEARWATER FL 34695 US

3. Date Incorporated or Qualified: **02/09/1973**
3a. Date of Last Report: **10/06/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2998898** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, TRISH PHD
2454 MCMULLEN BOOTH RD.
D608
CLEARWATER FL 34695

10. Name and Address of New Registered Agent

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	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, MARY PHD		1.2 NAME		
STREET ADDRESS	103A SANDAL BLVD., FSU		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32306		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STILWATER, ROBIN		2.2 NAME		
STREET ADDRESS	9260 SUNSET DR., H203		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, TRISH		3.2 NAME		
STREET ADDRESS	2454 MCMULLEN BOOTH RD., D608		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34695		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RITTER, GENE		4.2 NAME		
STREET ADDRESS	1031 NW 6TH ST. #C2		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32601		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NAZARIO, ANDRES		5.2 NAME		
STREET ADDRESS	1031 NW 6 ST., C-2		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARLOW, LARRY		6.2 NAME		
STREET ADDRESS	860 EAST PARK AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLHASSEE FL 32301		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patricia Murphy — 1-19-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #