

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000953

FILED
Jan 07, 2010
Secretary of State

Entity Name: COLLABORATIVE FAMILY LAW INSTITUTE, INC.

Current Principal Place of Business:

95 MERRICK WAY
420
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
420
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0995710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MERLIN, ROBERT J ESQUIRE
95 MERRICK WAY
420
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MERLIN, ROBERT J ESQ.
Address: 95 MERRICK WAY, SUITE 420
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD
Name: STERN, LANA PH.D.
Address: 1450 MADRUGA AVENUE, SUITE 310
City-St-Zip: CORAL GABLES, FL 33146

Title: TD
Name: SHECHTER, PHILIP J CPA
Address: 2525 PONCE DE LEON BLVD. 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: KING, ELAINE
Address: 220 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: FOX, SPENCER ESQ
Address: 201 S. BISCAYNE BLVD., SUITE 850
City-St-Zip: MIAMI, FL 33131

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: ROBERT J. MERLIN

PD

01/07/2010

Electronic Signature of Signing Officer or Director

Date