

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


FILED

04 FEB 16 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001858

1. Entity Name  
ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.



Principal Place of Business  
450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301

Mailing Address  
450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
65-1106067

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CAULKINS, CHARLES S  
SUITE 2300, ONE FINANCIAL PLAZA  
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent  
Name  
Caulkins, Charles S.  
Street Address (P.O. Box Number is Not Acceptable)  
Suite 800, 450 E Las Olas Blvd.  
City  
Ft. Lauderdale FL Zip Code  
33301

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 *Charles S. Caulkins* DATE *2/10/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZINOBER, PETER W	
STREET ADDRESS	P.O. BOX 1378	
CITY-ST-ZIP	TAMPA, FL 336011378	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAULKINS, CHARLES S	
STREET ADDRESS	450 EAST LAS OLAS BLVD #800	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARMER, GUY O	
STREET ADDRESS	200 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100029569681	
CITY-ST-ZIP	03/01/04--01020--003 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*mm 2/20/04*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles S. Caulkins* DATE *2/10/04* 954/847-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #