


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000001858

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



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

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

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-1106067** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAULKINS, CHARLES S  
 450 E LAS OLAS BLVD  
 STE 800  
 FORT LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

1100000194440  
 01-23/05-30102-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Caulkin* Charles Caulkin 1/11/05 954/847-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #