

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000183

FILED
May 08, 2007
Secretary of State

Entity Name: ACADEMY OF FLORIDA ELDER LAW ATTORNEYS, INC.

Current Principal Place of Business:

2810-C INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13978
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 65-0281151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CABRERA, SUSAN
2810-C INDUSTRIAL PLAZA
TALLAHASSEE, FL 32301 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: IPP () Delete
Name: MONDSCHHEIN, LEONARD E
Address: 9000 SW 87TH CT., STE. 260
City-St-Zip: MIAMI, FL 33176

Title: SEC () Delete
Name: PYLE, MICHAEL A
Address: 1655 N. CLYDE MORRIS BLVD., STE 1
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P () Delete
Name: BOYER, EDWIN M
Address: 26 N. WASHINGTON, STE. 21
City-St-Zip: SARASOTA, FL 34236

Title: PE () Delete
Name: REITER FELD, ALICE
Address: 5701 N. PINE ISLAND RD., STE 260
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: BRYAN, RANDY C
Address: 251 PLAZA DR., STE. B
City-St-Zip: OVIEDO, FL 32765

Title: ED () Delete
Name: CABRERA, SUSAN
Address: PO BOX 13978
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN CABRERA

RA

05/08/2007

Electronic Signature of Signing Officer or Director

_____ Date