

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725515

Entity Name: FLORIDA ASSOCIATION FOR MARRIAGE & FAMILY THERAPY, INC.**FILED**
Feb 24, 2014
Secretary of State
CC4976859751**Current Principal Place of Business:**2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US**FEI Number: 59-2998898****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARLOW, LARRY
2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US*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**Officer/Director Detail :**

Title	TREA
Name	WALTZ, STEVE
Address	1205 WAVERLY RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	PRESIDENT
Name	SCHOOLEY, ANNALYNN
Address	7902 SW 4 PLACE
City-State-Zip:	NORTH FT LAUDERDALE FL 33068

Title	ED
Name	BARLOW, LARRY
Address	2888-1 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	PAST PRES
Name	BURTON, MARY M
Address	107 16TH AVE
City-State-Zip:	ST PETE BEACH FL 33706

Title	PRESIDENT ELECT
Name	AJAYI, CHRISTINE
Address	SSHS FAMILY THERAPY 3301 COLLEGE AVE
City-State-Zip:	FORT LAUDERDALE FL 33314

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: LARRY BARLOW**EXECUTIVE DIRECTOR****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date