

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725515

FILED
Jan 05, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR MARRIAGE & FAMILY THERAPY, INC.

Current Principal Place of Business:

860 EAST PARK AVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

860 EAST PARK AVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2998898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARLOW, LARRY
860 EAST PARK AVE
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: D () Delete
Name: LEGARE, NOREN
Address: 860 EAST PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BOYD, TOMMIE
Address: 3301 COLLEGE AVE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: P () Delete
Name: HATCHER, GORDAN
Address: 106 E CHURCH STREET
City-St-Zip: ORLANDO, FL 32801

Title: ED () Delete
Name: BARLOW, LARRY
Address: 860 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BOYD, TOMMIE
Address: 3301 COLLEGE AVE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D (X) Change () Addition
Name: INGER, CHRIS
Address: 860 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D () Change (X) Addition
Name: STEVE, LIVINGSTON
Address: 2000 N. ALAFAYA TRAIL, SUITE 600
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY O. BARLOW

ED

01/05/2005

Electronic Signature of Signing Officer or Director

Date