

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 19, 2006
Secretary of State

DOCUMENT# 725515

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:**2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US**Current Mailing Address:**860 EAST PARK AVE
TALLAHASSEE, FL 32301 US**New Mailing Address:**2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US**FEI Number:** 59-2998898**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARLOW, LARRY
860 EAST PARK AVE
TALLAHASSEE, FL 32301 US**Name and Address of New 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: LARRY O BARLOW

10/19/2006

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 32301Title: P () Delete
Name: BOYD, TOMMIE
Address: 3301 COLLEGE AVE
City-St-Zip: FT LAUDERDALE, FL 33314Title: D () Delete
Name: INGER, CHRIS
Address: 860 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301Title: ED () Delete
Name: BARLOW, LARRY
Address: 860 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301Title: D () Delete
Name: STEVE, LIVINGSTON
Address: 2000 N. ALAFAYA TRAIL, SUITE 600
City-St-Zip: ORLANDO, FL 32826**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: LEGARE, NOREN
Address: 2888-1 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: ED (X) Change () Addition
Name: BARLOW, LARRY
Address: 2888-1 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

EXEC

10/19/2006

Electronic Signature of Signing Officer or Director

Date