

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725515

FILED
Mar 21, 2007
Secretary of State

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

Current Principal Place of Business:

2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

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
2888-1 MAHAN DRIVE
TALLAHASSEE, FL 32308 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, NOREEN
Address: 2888-1 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: ED () Delete
Name: BARLOW, LARRY
Address: 2888-1 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: 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, NOREEN
Address: 2888-1 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

Title: P (X) Change () 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 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

ED

03/21/2007

Electronic Signature of Signing Officer or Director

Date