

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725515

FILED
Feb 06, 2012
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: TREA
Name: WALTZ, STEVE
Address: 1205 WAVERLY RD
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D
Name: HALE-HANIIF, MARY
Address: 650 SHILOH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33325

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

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

Title: PP
Name: HALE-HANIFF, MARY
Address: 650 SHILOH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33325

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 O BARLOW

ED

02/06/2012

Electronic Signature of Signing Officer or Director

Date