

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003533

FILED
May 11, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF GENERAL MASTERS AND CHILD SUPPORT ENFORCEMENT HEARING OFFICERS, INC.

Current Principal Place of Business:

20 S MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 340
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3650215 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAXTER, HARVEY E
20 S MAIN STREET
GAINESVILLE, FL 32601 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: PD () Delete
Name: COMBS, STEVEN
Address: P.O. BOX 1865
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TC () Delete
Name: BAXTER, HARVEY
Address: P O BOX DRAWER 340
City-St-Zip: STARKE, FL 32091

Title: SD () Delete
Name: FULLER, JUDY
Address: 370 S E 1ST STREET # 202
City-St-Zip: MIAMI, FL 33131

Title: 1VPD () Delete
Name: AKEL, FRANKLIN F
Address: 330 E BAY STREET # 412
City-St-Zip: JACKSONVILLE, FL 32202

Title: 2VPD (X) Delete
Name: PROCTOR, MARTIN
Address: 419 PIERCE STREET CH ROOM 273B
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AKEL, FRANKLIN F
Address: 330 E BAY STREET # 412
City-St-Zip: JACKSONVILL, FL 32202

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

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

Title: 1VPD (X) Change () Addition
Name: PROCTOR, MARTIN
Address: 800 E. TWIGGS ST., ROOM 405
City-St-Zip: TAMPA, FL 32602

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

I hereby certify that the information supplied with this filing does not qualify 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: HARVEY E BAXTER

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05/11/2009

Electronic Signature of Signing Officer or Director

Date