

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200022700702
09/02/03--01047--018 #61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003533					
1. Entry Name FLORIDA ASSOCIATION OF GENERAL MASTERS AND CHILD SUPPORT ENFORCEMENT HEARING OFFICERS, INC.					
Principal Place of Business 20 S MAIN STREET GAINESVILLE, FL 32601-6215			Mailing Address 20 S MAIN STREET GAINESVILLE, FL 32601-6215		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3650215	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAXTER, HARVEY E 20 S MAIN STREET GAINESVILLE, FL 32601-6215			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing.)</small> DATE _____					
FILE NOW - FEES \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD BEILLY, BARBARA M 201 S E 6TH STREET # 523 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE	PD STEVEN COMBS P.O. BOX 1865 GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ND BAXTER, HARVEY P O BOX DRAWER 340 STARKE, FL 32091	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD FULLER, JUDY 370 S E 1ST STREET # 202 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD GORDER, M BRICE COURTROOM 3 506 PALM AVENUE TRUSSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1VPD SAMPSON, JOHN W 330 E BAY STREET # 412 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE	FRANK F AKEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2VPD GROWELL, MERRIE ROXIE 419 PIERCE STREET CH ROOM 273B TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE	MARTIN PROCTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 08-29-03 Phone: 904 966 4319		

CR2REG037 (10/02)