2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# N01000003589

Entity Name: COLLABORATIVE FAMILY LAW GROUP OF TAMPA BAY, INC.

Current Principal Place of Business:

3090 CHARLES AVENUE
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3090 CHARLES AVENUE
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3741794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOLIHAN, A. DEAN
3090 CHARLES AVENUE
CLEARWATER, FL 33761

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: RAMERS, M. KATHERINE
Address: 1112 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: GRAHAM, REBECCA A
Address: 28050 US HWY 19 N STE 100
City-St-Zip: CLEARWATER, FL 336063729

Title: D ( ) Delete
Name: HOOD, JOSEPH C
Address: 230 E DAVIS BLVD
City-St-Zip: TAMPA, FL 336063729

Title: D ( ) Delete
Name: MORSE, JOHN S
Address: 4830 W KENNEDY BLVD STE 750
City-St-Zip: TAMPA, FL 336092564

Title: D ( ) Delete
Name: HOOLIHAN, A. DEAN
Address: 3090 CHARLES AVENUE
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) 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 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 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: A. DEAN HOOLIHAN D 07/20/2004
Electronic Signature of Signing Officer or Director — Date