


2005 NOT-FOR-PROFIT CORPORATION. ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004920	
1. Entity Name ST. JOHNS COUNTY COLLABORATIVE FAMILY LAW GROUP, INC.	

Principal Place of Business 6 PERPALL STREET ST. AUGUSTINE, FL 32804	Mailing Address 6 PERPALL STREET ST. AUGUSTINE, FL 32804
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04102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 55-0840902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT-ALPERS, TANIA R
1375 ARAPAHO AVENUE
ST. AUGUSTINE, FL 32084

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STRICKER, MARGUERITE E
STREET ADDRESS	10 GRANT STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	CD
NAME	MARCH, LISA A
STREET ADDRESS	226-5 SOLANA RD
CITY - ST - ZIP	PONTE VERDRA BEACH, FL 32082
TITLE	SD
NAME	SCHMIDT-ALPERS, TANIA R
STREET ADDRESS	P.O. BOX 2165
CITY - ST - ZIP	ST. AUGUSTINE, FL 32085
TITLE	TD
NAME	CALDWELL, CAROL
STREET ADDRESS	6 PERPALL STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/12/05-80008-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carol A. Caldwell **4/10/05** **904-819-1974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #