


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90019 024 \*\*\*\*61.25

**DOCUMENT # N03000009077**

1. Entity Name  
**ASSOCIATION FOR CONFLICT RESOLUTION-FLORIDA CHAPTER, INC.**



Principal Place of Business  
**3490 BEACH BLVD  
 JACKSONVILLE, FL 32207**

Mailing Address  
**3490 BEACH BLVD  
 JACKSONVILLE, FL 32207**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-1213576**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TYSON, CAROL  
 3490 BEACH BLVD  
 JACKSONVILLE, FL 32207**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **D**  Delete  
 NAME **TYSON, CAROL**  
 STREET ADDRESS **3490 BEACH BLVD**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **S**  Change  Addition  
 NAME **Starr, Kenneth**  
 STREET ADDRESS **1419 Landings Place**  
 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D**  Delete  
 NAME **WAGNER, LYNN**  
 STREET ADDRESS **2180 PARK AVE N # 318**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **P**  Change  Addition  
 NAME **Wagner, Lynn**  
 STREET ADDRESS **2180 Park Ave. N. # 318**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D**  Delete  
 NAME **ANDRES, KAREN**  
 STREET ADDRESS **P O BOX 23752**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32241**

TITLE **T**  Change  Addition  
 NAME **Andres, Karen**  
 STREET ADDRESS **P.O. Box 23752**  
 CITY-ST-ZIP **Jacksonville, FL 32241**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Change  Addition  
 NAME **Ferguson, Fernaudra**  
 STREET ADDRESS **1436 Greystone Drive**  
 CITY-ST-ZIP **Bensacola, FL 32514**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **San Germain, Lyzette**  
 STREET ADDRESS **1051 Wimberly Place #201**  
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Silverman, Frederick**  
 STREET ADDRESS **P.O. Box 880549**  
 CITY-ST-ZIP **Boca Raton, FL 33488**

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:  **Kenneth Starr, Secretary** 1/14/05 925-0326 (941)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

