

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009077

FILED
Jan 10, 2007
Secretary of State

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

Current Principal Place of Business:

C/O PINELLAS COUNTY OFFICE OF HUMAN RIGHTS
400 S. FT. HARRISON AVE., 5TH FLOOR
CLEARWATER, FL 33756

New Principal Place of Business:

C/O PINELLAS COUNTY PERSONNEL
520 OAK AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

CAROL TRESCA - C/O PIN CO OFF HUMAN RTS
400 S. FT. HARRISON AVE., 5TH FLOOR
CLEARWATER, FL 33756

New Mailing Address:

CAROL TRESCA - C/O PIN CO PERSONNEL
520 OAK AVENUE
CLEARWATER, FL 33756

FEI Number: 20-1213576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULMAN, CHRISTOPHER
2701 WEST BUSCH BOULEVARD
208
TAMPA, FL 33618 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: P-E () Delete
Name: STARR, KENNETH
Address: 1419 LANDINGS PLACE
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: SHULMAN, CHIRSTOPHER
Address: 2701 W BUSCH BLVD #208
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: ANDRES, KAREN
Address: P O BOX 23752
City-St-Zip: JACKSONVILLE, FL 32241

Title: S () Delete
Name: TRESCA, CAROL M
Address: 400 S. FT. HARRISON AVE., 5TH FLOOR
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STARR, KENNETH
Address: P. O. BOX 25443
City-St-Zip: SARASOTA, FL 34277

Title: P-P (X) Change () Addition
Name: SHULMAN, CHRISTOPHER
Address: 2701 W BUSCH BLVD #208
City-St-Zip: TAMPA, FL 33618

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

Title: S (X) Change () Addition
Name: TRESCA, CAROL M
Address: 520 OAK AVENUE
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL M. TRESCA

SEC.

01/10/2007

Electronic Signature of Signing Officer or Director

Date