

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000004684

1. Entity Name

THE DISPUTE REVIEW FOUNDATION OF FLORIDA, INC.



Principal Place of Business

**5615 23RD ST SW
VERO BCH, FL 32968**

Mailing Address

**5615 23RD ST SW
VERO BCH, FL 32968**

DO NOT WRITE IN THIS SPACE



01092005 No Chg-NP

CR2E037 (11/05)

4. FEI Number

72-1583041

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NUTBROWN, JOHN W
5615 23RD ST SW
VERO BCH, FL 32968**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NORTON, JOHN C
STREET ADDRESS	5700 MEMORIAL HWY STE 114
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	V
NAME	HENDERSON, DON
STREET ADDRESS	3369 BALTUSORAL LN
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	ST
NAME	NUTBROWN, JOHN W
STREET ADDRESS	5615 23RD ST SW
CITY-ST-ZIP	VERO BCH, FL 32968
TITLE	D
NAME	CONE, A. RAMMY
STREET ADDRESS	3409 MCKAY AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	LAIRSCEY, JIMMY
STREET ADDRESS	1961 GIRL SCOUT RD
CITY-ST-ZIP	ARCADIA, FL 34624
TITLE	D
NAME	GOODMAN, CHARLES
STREET ADDRESS	2528 PECAN RD
CITY-ST-ZIP	TALLAGASSEE, FL 32302

1100000383425
01/12/06-80052-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1/10/2006 772-299-32
Date Daytime Phone #