

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004684

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE DISPUTE REVIEW FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

5615 23RD ST SW
VERO BCH, FL 32968

New Principal Place of Business:

Current Mailing Address:

5615 23RD ST SW
VERO BCH, FL 32968

New Mailing Address:

FEI Number: 72-1583041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUTBROWN, JOHN W
5615 23RD ST SW
VERO BCH, FL 32968 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 () Delete
Name: NORTON, JOHN C
Address: 5700 MEMORIAL HWY STE 114
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: HENDERSON, DON
Address: 3369 BALTUSORAL LN
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: NUTBROWN, JOHN W
Address: 5615 23RD ST SW
City-St-Zip: VERO BCH, FL 32968

Title: D () Delete
Name: CONE, A. RAMMY
Address: 3409 MCKAY AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LAIRSCEY, JIMMY
Address: 1961 GIRL SCOUT RD
City-St-Zip: ARCADIA, FL 34624

Title: D () Delete
Name: VEST, JIM D
Address: 4460 SURREY LANE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLIS, RALPH
Address: 365 WEST HALL UNIV.OF FLORIDA
City-St-Zip: GAINESVILLE, FL 32611

Title: V (X) Change () Addition
Name: MICHALAK, MATTHEW L
Address: P.O. BOX 260744
City-St-Zip: TAMPA, FL 33685-074

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: D (X) Change () Addition
Name: RICE, THOMAS
Address: 1301 BROKER ROAD
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify 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: JOHN W. NUTBROWN

S/T

04/24/2009

Electronic Signature of Signing Officer or Director

Date