2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90030 026 ****61.25

DOCUMENT # N04000004855

1. Entity Name
FLORIDA ASSOCIATION OF SEX THERAPISTS, INC.

Principal Place of Business	Mailing Address
1942 SW 9 STREET MIAMI, FL 33135-3355	1942 SW 9 STREET MIAMI, FL 33135-3355

01162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1514 San Ignacio Ave	1514 San Ignacio Ave
Suite, Apt. #, etc.: Ste 100	Suite, Apt. #, etc.: Ste 100
City & State: Coral Gables, FL	City & State: Coral Gables
Zip: 33146-3007 Country: USA	Zip: 33146 3007 Country: USA

4. FEI Number: 20-1776871 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOUROT, JON E
1942 SW 9 STREET
MIAMI, FL 33135-3355

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
1514 San Ignacio Ave, Ste 100

City: Coral Gables FL Zip Code: 33146-3007

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: Jon Etienne Mourot — March 15, 2005
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. ☐ **$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	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOUROT, JON E		NAME		
STREET ADDRESS	1942 SW 9 STREET		STREET ADDRESS	1514 San Ignacio Ave, Ste 100	
CITY-ST-ZIP	MIAMI, FL 331353355		CITY-ST-ZIP	Coral Gables, FL 33146-3007	
TITLE	V	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LEE, SUSAN		NAME		
STREET ADDRESS	340 ROYAL PONCIANA SUITE 339B		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	33480-4063	
TITLE	T	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	VOLKER, MARILYN		NAME		
STREET ADDRESS	111 VENETIA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	33134-2463	
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SIEGEL, RICHARD M		NAME		
STREET ADDRESS	9912 KONENA CIRCLE		STREET ADDRESS	9912 Kamena Circle	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	33436-3965	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DOMINGO-BALI, ALBERTO		NAME		
STREET ADDRESS	777 E 25 STREET SUITE 303		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP	33013-3849	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SIEGEL, LARRY		NAME		
STREET ADDRESS	1010 NW 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	33426-2996	

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: Jon Etienne Mourot — President — March 15, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305-740-6130