

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90031 033 ****61.25

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1. Entity Name
FAMILY COURT PROFESSIONAL COLLABORATIVE, INC.



Principal Place of Business
C/O DEBRA K CARTER PH.D. *Marjorie Schmoeyer*
4835 27TH STREET WEST SUITE 220
BRADENTON, FL 34207

Mailing Address
C/O DEBRA K CARTER PH.D. *Marjorie Schmoeyer*
4835 27TH STREET WEST SUITE 220
BRADENTON, FL 34207

40001046



2. Principal Place of Business - No P.O. Box #
1800 Second Street
Suite, Apt. #, etc.
Suite 700
City & State
Sarasota FL
Zip
34236 Country
Sarasota

3. Mailing Address
1800 Second Street
Suite, Apt. #, etc.
Suite 700
City & State
Sarasota FL
Zip
34236 Country
Sarasota

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4162468 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, DEBRA K PH.D.
4835 27TH STREET WEST SUITE 220
BRADENTON, FL 34207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTER, DEBRA K	
STREET ADDRESS	4835 27TH ST W #220	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROEDER, BRAD	
STREET ADDRESS	1266 FIRST STREET	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORNAUER, JOANNE	
STREET ADDRESS	1605 MAIN STREET	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Schmoeyer Marjorie</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>1800 Second St., Ste. 700</i>	
STREET ADDRESS	<i>Sarasota, FL 34236</i>	
CITY-ST-ZIP		
TITLE	<i>Susan McGuire</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>8055 S Beneva Rd</i>	
STREET ADDRESS	<i>Sarasota, FL 34238</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joanne M. Hornauer* *Joanne M Hornauer* 1-7-08 941-366-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #