

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003247

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY MEDIATION NETWORK INC.

**Current Principal Place of Business:**

1530 WILDERNESS ROAD  
COHENJOHN@BELLSOUTH.NET  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1530 WILDERNESS ROAD  
COHENJOHN@BELLSOUTH.NET  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 27-0495340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, JOHN P  
1530 WILDERNESS ROAD  
WEST PALM BEACH, FL 33409 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:** MR  
**Name:** COHEN, JOHN P  
**Address:** 1530 WILDERNESS ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** MR  
**Name:** SOCHACKI, JOHN B  
**Address:** 131 YACHT CLUB WAY STE 305  
**City-St-Zip:** HYPOLUXO, FL 33462

**Title:** MR  
**Name:** GROPPER, SANDERS W  
**Address:** 8681 VIA BRILLIANTE  
**City-St-Zip:** WELLINGTON, FL 33411

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN P COHEN

MR

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date