05-03-2005 90125 036 ****61.25
N17245

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 MAY 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # N17245

1. Entity Name
LEE COUNTY ARBITRATION/MEDIATION ADVISORY BOARD, INC.

04242005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
% COURT MEDIATION PROGRAM 2201 SECOND ST., STE 400 FORT MYERS, FL 33901	% COURT MEDIATION PROGRAM 2201 SECOND ST., STE 400 FORT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2734020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKINSON, WILLIAM D 2000 MAIN STREET STE 402 FT MYERS, FL 33901	Name M. ANNE DALTON Street Address (P.O. Box Number is Not Acceptable) 2044 BAYSIDE PARKWAY City FORT MYERS FL Zip Code 33901

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 M. Anne Dalton 4/26/05 (ANNE DALTON)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KANTOR, MARIANNE 2201 SECOND STREET, STE. 400 FT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURICK, HENRY 9165 EAST POMELO RD. FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALTON, M. ANNE 2044 BAYSIDE PKWAY FT. MYERS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST M. ANNE DALTON 2044 BAYSIDE PARKWAY FORT MYERS, FL 33901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAQUECHEL, BEA 1700 MONROE ST FORT MYERS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, AUDREY E 9220 BONITA BEACH RD. STE. 108 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, AUDREY E. 9101 BONITA BEACH RD. BONITA SPRINGS, FL 34135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILKINSON, WILLIAM D 2000 MAIN STREET STE 402 FORT MYERS, FL 33901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANN W. SELL 1342 COLONIAL BLVD., #C-21 FORT MYERS, FL 33907 ☐ Change ☒ Addition

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: MARIANNE KANTOR 4-25-05 (239)694-6298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #