


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N17245</b>	
1. Entity Name LEE COUNTY ARBITRATION/MEDIATION ADVISORY BOARD, INC.	

Principal Place of Business % COURT MEDIATION PROGRAM 2201 SECOND ST., STE 400 FORT MYERS, FL 33901	Mailing Address % COURT MEDIATION PROGRAM 2201 SECOND ST., STE 400 FORT MYERS, FL 33901
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04272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2734020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DALTON, M. ANNE  
2044 BAYSIDE PARKWAY  
FT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000760932 05/25/07-80034-022 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANTOR, MARIANNE 2201 SECOND STREET, STE. 400 FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DALTON, M. ANNE 2044 BAYSIDE PKWAY FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAQUECHEL, BEA 1700 MONROE ST FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE, AUDREY E 9101 BONITA BEACH RD BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELL, ANN W 1342 COLONIAL BLVD, C-21 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: MARIANNE KANTOR 4-2707 332-1238 (239)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #