FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30569 (0)

1. Corporation Name

FLORIDA ACADEMY OF CERTIFIED MEDIATORS, INC.

Principal Place of Business	Mailing Address
SUITE 300 1515 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432	C/O LITCHFORD, JODY P.O. DRAWER 1151 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2939082 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

GARLICK, MICHAEL
SUITE 300
1515 N FEDERAL HIGHWAY
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Green, R.A.
82 Street Address (P.O. Box Number is Not Acceptable): 200 N.E. 15th St.
83
84 City: Starke, FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: R.A. Green 1/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T/D	☐ Change ☐ Addition
NAME	LITCHFORD, JODY M.	1.2 NAME		
STREET ADDRESS	3368 EDGECLIFFE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GREEN, R.A.	2.2 NAME		
STREET ADDRESS	200 N.E. 15TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	P-Elect /D	☒ Change ☐ Addition
NAME	GARLICK, MICHAEL	3.2 NAME	Salmon, John	
STREET ADDRESS	1515 FEDERAL HWY. SUITE 300	3.3 STREET ADDRESS	10248 Guatemala St.	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Cooper City, FL 33026	
TITLE	D	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BLITMAN, BRUCE	4.2 NAME		
STREET ADDRESS	11762 S.W. 51ST CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GROCOCK, MICHELLE	5.2 NAME	McVoy, Ross	
STREET ADDRESS	1612 HACKNEY AVE.	5.3 STREET ADDRESS	215 S. Monroe St. Suite 804	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301-1859	
TITLE	D	6.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	WARNER, DAN	6.2 NAME		
STREET ADDRESS	4741 ATLANTIC BLVD. SUITE C	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/31/95 (407) 246-3480
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0033380