FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N30569 (0)

N.C. 12-12-95

1. Corporation Name

FLORIDA ACADEMY OF ~~CERTIFIED~~ PROFESSIONAL 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

100001832371
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3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business	2a. Mailing Address
21 10248 Guatemala Street	26 c/o Jill A. Hershbein
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Post Office Box 166220
City & State 23 Cooper City, Florida	City & State 28 Miami, Florida
Zip / Country 24 33026 / 25 USA	Zip / Country 29 33116-6220 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREEN, R. A
200 N.E. 15TH ST
1515 N FEDERAL HIGHWAY
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name: Philip H. Elliott, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 150 Magnolia Avenue
83
84 City: Daytona Beach FL 85 Zip Code: 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Philip H. Elliott, Jr. 4/26/96
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LITCHFORD, JODY M. 3368 EDGECLIFFE DR. ORLANDO FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD John W. Salmon 10248 Guatemala Street Cooper City, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS GREEN, R.A. 200 N.E. 15TH ST. STARKE FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PED Daniel K. Warner Suite C, 4741 Atlantic Blvd. Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED SALMON, JOHN 10248 GUATEMALA STREET COOPER CITY FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VPD Bruce Alan Blitman 11762 SW 51st Court Cooper City, FL 33330	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLITMAN, BRUCE 11762 S.W. 51ST CT. COOPER CITY FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S/TD Philip H. Elliott, Jr. 150 Magnolia Avenue Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCVOY, ROSS 215 S MONROE ST., STE. 804 TALLAHASSEE FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Charles N. Castagna 133 North Ft. Harrison Avenue Clearwater, FL 34615-4084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WARNER, DAN 4741 ATLANTIC BLVD. SUITE C JACKSONVILLE FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Robin K. Davis 201 East University Avenue Gainesville, FL 32601	☐ Change ☒ Addition

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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)(k), 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: Philip H. Elliott 4/26/96 904/255-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Philip H. Elliott, Jr.