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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N30569 (0)

1. Corporation Name
FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Principal Place of Business	Mailing Address
10248 GUATEMALA STREET COOPER CITY FL 33026	C/O JILL A HERSHBEIN P.O. BOX 16220 MIAMI FL 33116-6220

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2939082	☐ Applied For ☐ Not Applicable
21	26 c/o ROBIN DAVIS		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 201 E. University Ave. #400	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Gainesville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32601 / Country 30 Alachua	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ELLIOTT, PHILIP H
150 MAGNOLIA AVE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name: ROBIN K. Davis
82 Street Address (P.O. Box Number is Not Acceptable): 201 E. University Ave.
83: Room 400
84 City: Gainesville, FL 85 Zip Code: 32601

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: ROBIN K. DAVIS, Treasurer — 1/28/97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALMON, JOHN		1.2 NAME		
STREET ADDRESS	10248 GUATEMALA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, DANIEL K		2.2 NAME		
STREET ADDRESS	SUITE C, 4741 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLITMAN, BRUCE A		3.2 NAME		
STREET ADDRESS	11762 SW 51ST COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330		3.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, PHILIP H		4.2 NAME		
STREET ADDRESS	150 MAGNOLIA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	(S)D	☒ Change ☒ Addition
NAME	CASTAGNA, CHARLES N		5.2 NAME		
STREET ADDRESS	133 N. FT. HARRISON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	(T)D	☒ Change ☒ Addition
NAME	DAVIS, ROBIN K		6.2 NAME		
STREET ADDRESS	201 E. UNIVERSITY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] Robin Davis, Treasurer — 1/28/97 — 352 491-4417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026217