FILE NOW: FILING FEE IS $61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	201 E. UNIVERSITY AVE. #400 GAINESVILLE FL 32601 US

3. Date Incorporated or Qualified: 02/09/1989

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4741 Atlantic Blvd.	26
22 Suite C	27
23 Jacksonville, FL	28
24 Zip 32207 / 25 Country USA	29 Zip / 30 Country

9. **Name and Address of Current Registered Agent**

DAVIS, ROBIN K.
201 E. UNIVERSITY AVE.
ROOM 400
GAINESVILLE FL 32601

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALMON, JOHN 10248 GUATEMALA STREET COOPER CITY FL 33026	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Warner, Daniel K Suite C. 4741 Atlantic Blvd Jacksonville, Fl	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED WARNER, DANIEL K SUITE C, 4741 ATLANTIC BLVD JACKSONVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PED Blitman, Bruce A 11762 SW 51 CT Cooper City, FL 33330	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BLITMAN, BRUCE A 11762 SW 51ST COURT COOPER CITY FL 33330	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD Castagna, Charles N 133 N. Ft. Harrison Ave Clearwater, FL	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASTAGNA, CHARLES N 133 N. FT. HARRISON AVE CLEARWATER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, ROBIN K 201 E. UNIVERSITY AVE GAINESVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: Robin Davis Robin Davis, Treasurer 1/21/98 352 491-4417
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH OR DIRECTOR) Daytime Phone Number