

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30569**

1. Entity Name

FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS,  
INC.



Principal Place of Business

5726 SW 99 ST  
GAINESVILLE FL 32608  
US

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2939082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: CASTAGNA, CHARLESN  
STREET ADDRESS: 410 HILLTOP AVE  
CITY-STATE-ZIP: CLEARWATER FL 33755

TITLE: TD ☐ Delete  
NAME: DAVIS, ROBIN K  
STREET ADDRESS: 201 E. UNIVERSITY AVE  
CITY-STATE-ZIP: GAINESVILLE FL

TITLE: PED ☐ Delete  
NAME: DUBOW, SUSAN  
STREET ADDRESS: 100 N PINE IS RD RM 180  
CITY-STATE-ZIP: PLANTATION FL 33324

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: U000000199960  
STREET ADDRESS: 01/28/05-80007-017 61.25  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. 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 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:**

*Robin Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/05

Date

352-491-4417

Phone Number