2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 20, 2006 8:00 am Secretary of State

1. Entity Name FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS,			03-01-2006 90035 050 ****61.25	
INC.			18.	
Principal Place	e of Business Same	Mailing Address	_	40000
5726 SW 99 ST GAINESVILLE FL 32608		201 E. UNIVERSITY AVE. #400 GAINESVILLE FL 32601		66005932
US		US US		
2. Principal Place of Business		3. Mailing Address		-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For Nor Applied For Nor Applicate
Ζιρ	Country	Žip	Country	5. Cartificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
_			- Name	imes-wade-Dorsey-Haynes-1
			gras (P.O. Box Number in Not Acceptable)	
ROOM 400				of wiver fam. fd
GÁI	NESVILLE FL 32601			
,	<i>.</i>	_	17/2	27/FL 登號7つ
8. The above	named entity submits this statement for	or the purpose of changing its i	registered office of	registered agent, or both, in the State of Florida. I am familiar with, and accer
the obligat	ions of registered agent.	$\cdot \cap \langle \cdot \rangle$	//:	2/2/2/
SIGNATURE	Signature, typed or primod riture of register so agent	and bee il applicable (NOT)	<u> </u>	efectiment representation DAVE
AND THE RESERVE	11	est lowers	7	Compress and the religion of the second seco
	FILE NOW: FEE IS \$61.25	9. Election Cam	inaion Financing	\$5.00 May Be Make Check Payable to
Signal Fra	- Due By May 1, 2006	Trust Fund Co		\$5.00 May Be Added to Fees Florida Department of State
村島大学				
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	CASTAGNA, CHARLESN	Delete	TITLE NAME	President Addition
STREET ADDRESS	410 HILLTOP AVE		STREET ADDRESS	2419 NW 29 Rd
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-S1-ZIP	Boca Raton, FL 33431
TITLE	TD	🖾 Deteta	UUTE	President-elect
NAME	DAVIS, ROBIN K		NAME	Jeanne Potthead
STREET ADDRESS	201 E. UNIVERSITY AVE		STREET ADDRESS	900 SW 12 St
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	PED DUBOW, SUSAN	Delete	NAME	Vice President & Change Addition
STREET ADDRESS	100 N PINE IS RD RM 180		STREET ADDRESS	70 Box 2019
CITY-SI-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Sarasota, FL 34230
TITLE		☐ Delete	TATLE	Treasurer & Change Addition
HANCE			NAVE	Treasurer 43 Change Addition Wade Haynes DO Box 2019
STREET ADDRESS			STREET ADDRESS CITY-S1-ZIP	Sarasota, FL 34230
CIFY-ST-ZP			-	
TITLE NAME		☐ Oelete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	nne	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
12. I hereby indicated	certify that the information supplied wi lion this report o <u>r supp</u> lemental report	ith this filing does not qualify to is true and accurate and that m	or the exemptions of my signature shall be	ontained in Section 119, Elgrida Statutes. I further certify that the information to the Same legal effect as if made under oath; that I am an officer or directo apter 617, Florida Statutes; and that my name appears in Block 10 or Block I
of the co if change	rporation of the receiver or trustee emited, or on an attachment with an addre	powered to execute this report ss, with all other like empowers	as required by Oh ed.	apter 617, Florida Statutes; and that thy name appears in Block 10 or Block 1

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

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Davisona Prumu e



March 3, 2006

FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC. 5726 SW 99 ST GAINESVILLE, FL 32608 US

Subject: FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Reference Number:



Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION