

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90056 006 ****61.25

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 5726 SW 99 ST #400 GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04122007 Chg-NP CR2E037 (12/06)	
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 DORSEY-HAYNES, JAMES WADE 5487 RIVER TRIL RD N JACKSONVILLE, FL 32277			7. Name and Address of New Registered Agent Name Kathy Gayle Street Address (P.O. Box Number is Not Acceptable) 5726 SW 99th Street City Gainesville FL Zip Code 32608		
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 <u><i>Kathy Gayle</i></u> Executive Administrator 04/19/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUBOW, SUSAN 2419 NW 29 ROAD BOCA RATON, FL 33431	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jeanne E. Potthoff 900 SW 12th Street Ft. Lauderdale, FL 33315	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE POTTHEAD, JEANNE 900 SW 12 ST FORT LAUDERDALE, FL 33315	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President-Elect Anthony Harper 4962 Brywill Circle Sarasota, FL 34234	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARPER, ANTHONY P.O. BOX 2019 SARASOTA, FL 34230	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Administrative VP Herbert E. Langford POST OFFICE BOX 15632 CLEARWATER, FL 33766-5632	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAYNES, WADE P.O. BOX 2019 SARASOTA, FL 34230	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bob Jett 1201 Lake Valrico Way Valrico, FL 33594	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Michele Maracini 1230 NE 91st Terrace Miami Shores, FL 33138	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Bob Jett</i></u> Bob Jett 4/13/07 813-202-7925 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					