

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90044 003 \*\*\*\*61.25

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N30569</b>                                                 |  |
| 1. Entity Name<br><b>FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.</b> |                                                                                   |

|                                                                                  |                                                                               |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5726 SW 99 ST<br/>GAINESVILLE, FL 32608 US</b> | Mailing Address<br><b>5726 SW 99 ST<br/>#400<br/>GAINESVILLE, FL 32608 US</b> |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

40017013



01102008 Chg-NP CR2E037 (12/06)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2939082</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|                                                                       |  |                                                    |             |
|-----------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |             |
| <b>GAYLE, KATHY<br/>5726 SW 99TH STREET<br/>GAINESVILLE, FL 32608</b> |  | 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 same registered agent DATE \_\_\_\_\_

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

|                                                     |                                                                                  |                                    |                                                              |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>POTTHOFF, JEANNE E<br>900 SW 12TH STREET<br>FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HARPER, ANTHONY<br>4962 BRYWILL CIRCLE<br>SARASOTA, FL 34234 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ✓<br>LANGFORD, HERBERT E<br>POST OFFICE BOX 15632<br>CLEARWATER, FL 33766-5632 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President - Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JETT, BOB<br>1201 LAKE VALRICO WAY<br>VALRICO, FL 33594 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MARACINI, MICHELE<br>1230 NE 91ST TERRACE<br>MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Bob Jett 1/24/08 813-202-7925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #