2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N30569

Entity Name: FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Current Principal Place of Business:

5726 S.W. 99TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

1655 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

5726 S.W. 99TH STREET
GAINESVILLE, FL 32608 US

New Mailing Address:

1655 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401 US

FEI Number: 59-2939082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, ANTHONY
3942 NORTH TAMIAMI TRAIL
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

DECKERT, THEODORE
1655 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: THEODORE DECKERT 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARPER, ANTHONY
Address: 4962 BRYWILL CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: PE ( ) Delete
Name: LANGFORD, HERBERT E
Address: POST OFFICE BOX 15632
City-St-Zip: CLEARWATER, FL 33766-5632

Title: T ( ) Delete
Name: JETT, BOB
Address: 1201 LAKE VALRICO WAY
City-St-Zip: VALRICO, FL 33594

Title: S (X) Delete
Name: MARACINI, MICHELE
Address: 1230 NE 91ST TERRACE
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DECKERT, THEODORE
Address: 1655 PALM BEACH LAKES BLVD. SUITE 700
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S (X) Change ( ) Addition
Name: MARACINI, MICHELE
Address: 1230 NE 91ST TERRACE
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: T (X) Change ( ) Addition
Name: JETT, BOB
Address: 1201 LAKE VALRICO WAY
City-St-Zip: VALRICO, FL 33594 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE DECKERT P 04/24/2009
Electronic Signature of Signing Officer or Director Date