

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N50473

Entity Name: ASSOCIATION OF SOUTH FLORIDA MEDIATORS, INC.

Current Principal Place of Business:

116 SE 6TH CT
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

116 SE 6TH CT
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0355827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHLER, MICHAEL A.
116 SOUTHEAST 6TH CT
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BASS, IRIS M
Address: 1900 W COMMERCIAL BLVD., #130
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PD () Delete
Name: POTTHOFF, JEANNE E
Address: 201 SE 6TH STREET, RM 565
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PED () Delete
Name: ROBIN, ELINOR
Address: 1600 WEST HILLSBORO BLVD, RM 130
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD () Delete
Name: GOLDFARH, LINDA
Address: 3451 NO. HILLS DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: SHAW, ROBIN C
Address: 980 N FEDERAL HWY #401
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN CAROL SHAW , PRESIDENT ELECT

PE

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date