

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004177

FILED
Jan 07, 2009
Secretary of State

Entity Name: AMERICAN COLLEGE OF CIVIL TRIAL MEDIATORS, INC.

Current Principal Place of Business:

20 NORTH ORANGE AVE, STE 704
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

20 NORTH ORANGE AVE, STE 704
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3373619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, LAWRENCE M JR.
C/O UPCHURCH, WATSON, WHITE & MAX
1060 MAITLAND CENTER COMMONS #440
MAITLAND, FL 32751 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: PD () Delete
Name: RUBIN, MELVIN A
Address: 111 MAJORCA AVENUE, SUITE A
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JERNIGAN, A. MICHELLE
Address: 1060 MAITLAND CENTER COMMONS, SUITE 440
City-St-Zip: MAITLAND, FL 32751

Title: STM () Delete
Name: SAWICKI, STEPHEN C
Address: 20 NORTH ORANGE AVE., SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: REEVES, PAMELA L
Address: 2607 KINGSTON PIKE, SUITE 130
City-St-Zip: KNOXVILLE, TN 37919

Title: D () Delete
Name: STERN, JEFFREY S
Address: 101 MERRIMAC STREET
City-St-Zip: BOSTON, MA 02114

Title: D () Delete
Name: WASHINGTON, VALDEMAR L
Address: POST OFFICE BOX 187
City-St-Zip: FLINT, MI 48501 01

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STM (X) Change () Addition
Name: SAWICKI, STEPHEN C
Address: 20 NORTH ORANGE AVE., SUITE 704
City-St-Zip: ORLANDO, FL 32801

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 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: STEPHEN C. SAWICKI

STM

01/07/2009

Electronic Signature of Signing Officer or Director

Date