

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 015 ****61.25

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|--|--|--|---|--|--|
| DOCUMENT # N95000004921 | | | | | |
| 1. Entity Name THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC. | | | | | |
| Principal Place of Business 1715 MONROE STREET P.O. BOX 280 FT. MYERS, FL 33902-0280 | | | Mailing Address P.O. BOX 1966 FORT MYERS, FL 33902-1966 US | | |
| 2. Principal Place of Business 4501 Tamiami Tr N #200 | | 3. Mailing Address 4501 Tamiami Tr N #200 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01262004 Chg-NP CR2E037 (10/03) | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 65-0619193 | |
| Zip 34103 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HELGEMO, STEPHEN L 1715 MONROE STREET P.O. BOX 280 FT MYERS, FL 33902-0280 | | | 7. Name and Address of New Registered Agent Name: Robert Matheson Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Tr N #200 City: Naples FL Zip Code: 34103 | | |
| 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 | | Robert Matheson | | 1/26/04 | |
| 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, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD | NAME O'HALLORAN, ROGER E | <input checked="" type="checkbox"/> Delete | TITLE PRES | NAME Carolyn Delizia | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS PO BOX 540 | CITY-ST-ZIP FORT MYERS, FL 33902 | | STREET ADDRESS 1715 Monroe St | CITY-ST-ZIP Ft Myers, FL 33902 | |
| TITLE VP | NAME COLEMAN, ROBERT | <input checked="" type="checkbox"/> Delete | TITLE V.P. | NAME Keith Coleman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS POST OFFICE BOX 2089 | CITY-ST-ZIP FORT MYERS, FL 33902 | | STREET ADDRESS 1715 Monroe St | CITY-ST-ZIP Ft Myers, FL 33901 | |
| TITLE S | NAME SELL, ANN | <input type="checkbox"/> Delete | TITLE | NAME Keywest Prof Ctr, 1342 Colonial Blvd, Bldg C-21 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 8792 COLLAGE PKWY #A-11 | CITY-ST-ZIP FORT MYERS, FL 33919 | | STREET ADDRESS | CITY-ST-ZIP Ft Myers, FL 33907 | |
| TITLE T | NAME MATHESON, ROBERT | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4501 TAMIAAMI TRAIL N #200 | CITY-ST-ZIP NAPLES, FL 34103 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: | | Robert Matheson | | 1/26/04 239-4038727 | |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |