

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04 JAN 26 PM 12:19

SECRETARY OF STATE
TALLAHASSEE-FLORIDA



4. FEI Number 65-0619193

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALLORIAN, ROGER E	
STREET ADDRESS	PO BOX 540	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DALEY, JACOBS	
STREET ADDRESS	PO BOX 60085	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELTON, ANNE	
STREET ADDRESS	1044 BRYSIDE PKY	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLT, JOANNE	
STREET ADDRESS	2069 FIRST STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Halloran, Roger E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Coleman	
STREET ADDRESS	PO BOX 2089	
CITY-ST-ZIP	Ft. Myers, FL 33902	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Sall	
STREET ADDRESS	8192 College Hwy #A-11	
CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matheson, Robert	
STREET ADDRESS	4501 Tamiami Tr N #200	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

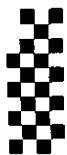
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Matheson Treas 3/18/03 239-403-8727

CP2E037 (10/02)



Jan 26 04 10:50a

MATHESON FINANCIAL

(239) 659-0459

P. 1 20f2



Matheson Financial Services

4501 Tamiami Trail North #200

bob@mathesonfinancial.com

Ph: (239) 403-8727

Fx: (239) 659-0459

Date and Time:	Monday, January 26, 2004
To:	Barbara
Company:	State of Florida corporation division
Fax No.:	850-245-6017
From:	Bob Matheson
Company:	Matheson Financial Services
No. Of Pages:	Including this page

Comments: Barbara

I did not receive your letter dated March 26, 2003 in reference to officers and directors. Pls reinstate The Association of Family Law Professionals, Inc as a duly registered non-profit corporation in Florida. Thanks for your assisitance

The documents accompanying this facsimile contain confidential information that belongs to the sender and is legally privileged. This information is intended for the use of the individual indicated on this document. If you are not the intended recipient, you are hereby notified that any disclosure or action taken in knowledge of these documents is strictly prohibited. If you received this fax in error, please notify our office at 239-403-8727 to arrange for return or destruction of these documents. Thank you!