
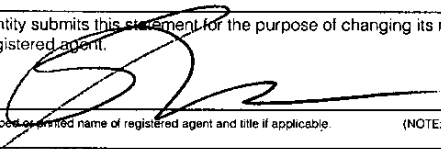
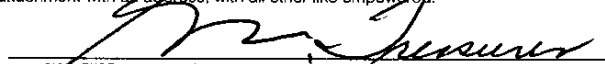


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 018 ****70.00

DOCUMENT # N95000004921			
1. Entity Name THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC.			
Principal Place of Business 4501 TAMiami TRAIL, NORTH #200 NAPLES, FL 34103		Mailing Address 4501 TAMiami TRAIL, NORTH #200 NAPLES, FL 34103	
2. Principal Place of Business 8961 CONFERENCE DR. Suite, Apt. #, etc. Suite 1 City & State FORT MYERS FL Zip 33919 Country LEE		3. Mailing Address 8961 CONFERENCE DR. Suite, Apt. #, etc. Suite 1 City & State FORT MYERS FL Zip 33919 Country LEE	
6. Name and Address of Current Registered Agent MATHESON, ROBERT 4501 TAMiami TRAIL, NORTH #200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name MARKHAM, L. GAIL Street Address (P.O. Box Number is Not Acceptable) 8961 CONFERENCE DR. Suite 1 City FORT MYERS FL Zip Code 33919	
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		DATE 1/19/05 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIZIA, CAROLYN 1715 MONROE STREET FORT MYERS, FL 33902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, KEITH 1715 MONROE STREET FORT MYERS, FL 33902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTOR, MARIANNE P.O. BOX 50427 FORT MYERS, FL 33994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELL, ANN 1342 COLONIAL BLVD., BLDG C-21 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, JOSHUA 6150 DIAMOND CENTER COURT, STE 1003 FORT MYERS, FL 33910 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHESON, ROBERT 4501 TAMiami TRAIL, NORTH, SUITE #200 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T L. GAIL MARKHAM 8961 CONFERENCE DR. SUITE 1 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 1/19/05 239-433-5554 Daytime Phone #	

40004217



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0619193
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required