


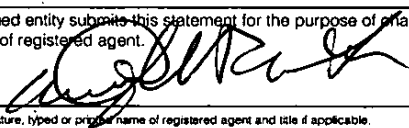
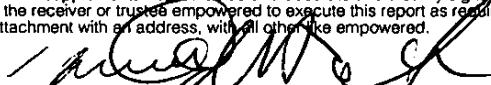
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 042 ****61.25

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DOCUMENT # N95000004921					
1. Entity Name THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC.					
Principal Place of Business 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919			Mailing Address 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919		
2. Principal Place of Business 6810 INTERNATIONAL CNTR BLVD			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FORT MYERS, FL			City & State FORT MYERS, FL		
Zip 33912		Country USA	Zip 33912		Country USA
4. FEI Number 65-0619193			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARKHAM, L. GAIL 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name DARRYLL R. BAUCHERT, Jr. Street Address (P.O. Box Number is Not Acceptable) 1500 COLONIAL BLVD, SUITE 104 City FORT MYERS FL Zip Code 33907		
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  DATE 02/01/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P DELIZIA, CAROLYN 1715 MONROE STREET FORT MYERS, FL 33902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAUCHERT, DARRYLL R. Jr. 1500 COLONIAL BLVD, SUITE 104 FORT MYERS, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTOR, MARIANNE PO BOX 50427 FORT MYERS, FL 33994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SILVER, DEBORAH 4461 CAMINO REAL WAY FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, JOSHUA 6150 DIAMOND CENTER COURT STE 1003 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KANTOR, MARIANNE P.O. BOX 50427 FORT MYERS, FL 33994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKHAM, L. GAIL 8961 CONFERENCE DRIVE STE 1 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SCHULTZ, DAVID L. 6810 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: 			Date 02/01/2006 ✓ YR4-3003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					