

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004921

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC.

Current Principal Place of Business:

6810 INTERNATIONAL CNTR BLVD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

8961 CONFERENCE DRIVE
SUITE 1
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0619193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUCHERT, DARRYLL R SR
1500 COLONIAL BLVD
SUITE 104
FORT MYERS, FL 33907 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: P () Delete
Name: BAUCHERT, DARRYLL R SR
Address: 1500 COLONIAL BLVD SUITE 104
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: SILVER, DEBORAH
Address: 4461 CAMINO REAL WAY
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: KANTOR, MARIANNE
Address: PO BOX 50427
City-St-Zip: FORT MYERS, FL 33994

Title: T () Delete
Name: SCHULTZ, DAVID L
Address: 6810 INTERNATIONAL CENTER BLVD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DAVID L. SCHULTZ

T

04/09/2007

Electronic Signature of Signing Officer or Director

Date