

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004921

FILED  
Jan 31, 2008  
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:**

6810 INTERNATIONAL CNTR BLVD  
FORT MYERS, FL 33912

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:**

SCHULTZ, DAVID L  
6810 INTERNATION CENTER BLVD.  
FORT MYERS, FL 33912 US

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: DAVID L. SCHULTZ

01/31/2008

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 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

01/31/2008

Electronic Signature of Signing Officer or Director

Date