2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000004921

RT FILED

Mar 17, 2008

Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6810 INTERNATIONAL CNTR BLVD FORT MYERS, FL 33912

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: BAUCHERT, DARRYLL R SR Name: PEREZ, GILBERT
Address: 1500 COLONIAL BLVD SUITE 104 Address: P.O. BOX 280

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33902

Title: VP () Delete Title: VP (X) Change () Addition Name: SILVER, DEBORAH Name: SELL, ANN

Address: 4461 CAMINO REAL WAY Address: 1342 COLONIAL BOULEVARD
City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete Title: S (X) Change () Addition

 Name:
 KANTOR, MARIANNE
 Name:
 JILL, SANDERS

 Address:
 PO BOX 50427
 Address:
 4461 CAMINO REAL WAY

Address: PO BOX 50427 Address: 4461 CAMINO REAL WAY
City-St-Zip: FORT MYERS, FL 33994 City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete Title: () Change () Addition

 Name:
 SCHULTZ, DAVID L
 Name:

 Address:
 6810 INTERNATIONAL CENTER BLVD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 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 03/17/2008