

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002356

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF HOSTAGE NEGOTIATORS, INC.

**Current Principal Place of Business:**

2825 MUNICIPAL WAY  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6535  
JACKSONVILLE, FL 32236 US

**New Mailing Address:**

**FEI Number:** 59-3455626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COUGHLIN, BRENT  
2825 MUNICIPAL WAY  
TALLAHASSEE, FL 32304 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: D ( ) Delete  
Name: SUMMERS, CHRIS  
Address: 234 E. 7TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete  
Name: CONN, CHRISTY  
Address: 501 EAST BAY ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P ( ) Delete  
Name: MCDONALD, JAMES  
Address: P. O. BOX 1500  
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete  
Name: COUGHLIN, BRENT  
Address: 2825 MUNICIPAL WAY  
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD ( ) Delete  
Name: MURPHY, PAT  
Address: 1661 PINECREST DR.  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP ( ) Delete  
Name: SANTOS-OLSEN, MARIA  
Address: 600 BANYAN BOULEVARD  
City-St-Zip: WEST PALM BEACH, FL 33401

**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:

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: PAT MURPHY

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date