

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:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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