2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N98000002356

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
Name: SUMMERS, CHRIS
Address: 234 E. 7TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: P
Name: O'KEEFE, ALLAN
Address: 2008 E. 8TH AVENUE
City-St-Zip: TAMPA, FL 33605

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAT MURPHY TD 04/24/2012

Electronic Signature of Signing Officer or Director Date