## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT . **CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000015210 (4)

CENTER FOR MEDIATION, INC.

Principal Place of Business Mailing Address 3707 AVENIDA MADERA 3707 AVENIDA MADERA BRADENTON FL 34210 **BRADENTON FL 34210** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 02/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LITTLE, REBECCA 3707 AVENIDA MADERA 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34210** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submills this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstation) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE LITTLE, REBECCA 1.2 NAME NAME CR2E034 3707 AVENIDA MADERA STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change \_\_\_ Addition

6.2 NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4/28/98

**FILED** 

May 18 1998 8:00am

Secretary of State

44 4

STREET ADDRESS

CITY-ST-ZIP

NAME