

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # S61295

1. Entity Name
AMERICAN MEDIATION ASSOCIATION, INC.



Principal Place of Business

**8448 SANDERLING RD.
SARASOTA, FL 34242**

Mailing Address

**8448 SANDERLING RD.
SARASOTA, FL 34242**



02222008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0269585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZWICK, WILLIAM S.
8448 SANDERLING RD.
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000926404
05/20/08-80065-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZWICK, WILLIAM S.
STREET ADDRESS	8448 SANDERLING RD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	HENRI S. ZWICK
STREET ADDRESS	8448 SANDERLING RD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 4/21/08

Date

941-349-7676

Daytime Phone #