

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000513

**Entity Name:** FAMILY COURT PROFESSIONAL COALITION, INC.**Current Principal Place of Business:**C/O PIPER HAWKINS & COMPANY  
330 S. PINEAPPLE AVE #106  
SARASOTA, FL 34236**Current Mailing Address:**C/O PIPER HAWKINS & COMPANY  
330 S. PINEAPPLE AVE 106  
SARASOTA, FL 34236 US**FEI Number:** 20-4162468**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAILAND, CHRISTOPHER T  
C/O PIPER HAWKINS & COMPANY  
330 S. PINEAPPLE AVE 106  
SARASOTA, FL 34236 US*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:** CHRISTOPHER T. WAILAND

03/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, TREASURER
Name	WAILAND, CHRIS
Address	C/O PIPER HAWKINS & CO 330 S. PINEAPPLE AVE #106
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT
Name	PROFITO, CHRISTINE
Address	C/O CARTER PSYCHOLOGY CENTER 4835 27TH ST W STE 125
City-State-Zip:	BRADENTON FL 34207

Title	VP
Name	KLEINBERG, LISA
Address	1990 MAIN STREET SUITE 725
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	PERRA, REBECCA
Address	C/O FAMILY COURT PROFESSIONAL COALITION 330 S. PINEAPPLE AVE 106
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	REICHERT, AMANDA
Address	5220 PAYLOR LN
City-State-Zip:	SARASOTA FL 34240

*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:** CHRIS WAILAND

TREASURER

03/22/2025

Electronic Signature of Signing Officer/Director Detail

Date