

**2021 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

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	TD
Name	CROSS, MICHELLE
Address	C/O ALLEGIANT PRIVATE ADV 240 S. PINEAPPLE AVE #200
City-State-Zip:	SARASOTA FL 34236

Title	VD
Name	BATES-BUCHANAN, DAWN
Address	1531 S TAMIAMI TRAIL, #703
City-State-Zip:	VENICE FL 34285

Title	SD
Name	ITTS, ERIN
Address	355 W VENICE AVE
City-State-Zip:	VENICE FL 34285

Title	SD
Name	NORMAN, COLLEEN
Address	1605 MAIN ST SUITE 1110
City-State-Zip:	SARASOTA FL 34236

*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:** MICHELLE CROSS**TREASURER**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date