2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2017
Secretary of State
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Entity Name: FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Current Principal Place of Business:

C/O STANLEY ZAMOR
7958 PINES BLVD. 235
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O STANLEY ZAMOR
P.O. BOX 812552
BOCA RATON, FL 33481-2552 US

FEI Number: 59-2939082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMOR, STANLEY
C/O STANLEY ZAMOR
7958 PINES BLVD. 235
PEMBROKE PINES, FL 33024 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: STANLEY ZAMOR 02/23/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	ZAMOR, STANLEY
Address	C/O STANLEY ZAMOR 7958 PINES BLVD. 235
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	MINER, NOEL
Address	PO BOX 64
City-State-Zip:	JUPITER FL 33468

Title	PE
Name	WILLIAMS, LARRY
Address	20801 BISCAYNE BLVD 4TH FLOOR
City-State-Zip:	MIAMI FL 33180

Title	DIRECTOR
Name	SUSSMAN, WILLIAM
Address	P.O. BOX 565715
City-State-Zip:	MIAMI FL 33256

Title	SECRETARY
Name	BALDWIN, DANIEL
Address	1429 DAVENPORT DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	TREASURER
Name	BURKE, LEONARD
Address	5703 RED BUD LAKE RD. 346
City-State-Zip:	WINTER SPRING FL 32708

Title	DIRECTOR
Name	DIXON, ANGELINA
Address	C/O STANLEY ZAMOR P.O. BOX 812552
City-State-Zip:	BOCA RATON FL 33481-2552

Title	VP
Name	WILLNER, ROBIN
Address	P.O. BOX 812552
City-State-Zip:	BOCA RATON FL 33481-2552

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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: LEONARD BURKE TREASURER 02/23/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COHEN, JOHN
Address	P.O. BOX 812552
City-State-Zip:	BOCA RATON FL 33481-2552

Title	DIRECTOR
Name	LEFFERT, DENNIS
Address	PO BOX 812552
City-State-Zip:	BOCA RATON FL 33481

Title	DIRECTOR
Name	MEDNICK, GLENN
Address	PO BOX 812552
City-State-Zip:	BOCA RATON FL 33481

Title	DIRECTOR
Name	BEYLUS, DEBORAH
Address	PO BOX 812553
City-State-Zip:	BOCA RATON FL 33481

Title	DIRECTOR
Name	FONTAINE, LUCILLE
Address	PO BOX 812552
City-State-Zip:	BOCA RATON FL 33481