

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30569

Entity Name: FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.**Current Principal Place of Business:**301 EAST YAMATO ROAD
SUITE 4110
BOCA RATON, FL 33431**Current Mailing Address:**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:**BEYLUS, DEBORAH R.
301 EAST YAMATO ROAD
SUITE 4110
BOCA RATON, FL 33431 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:** DEBORAH R. BEYLUS

01/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	BEYLUS, DEBORAH R.
Address	301 EAST YAMATO ROAD SUITE 4110
City-State-Zip:	BOCA RATON FL 33431

Title	SECRETARY
Name	CLARK, DWAYNE SR.
Address	P.O. BOX 812552
City-State-Zip:	BOCA RATON FL 33481-2552

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

Title	TREASURER
Name	GILROY, BRIAN K. ESQ.
Address	5 ISLAND DRIVE
City-State-Zip:	TREASURE ISLAND FL 33707

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

Title	PRESIDENT
Name	MURPHY, WILL
Address	P.O. BOX 812552
City-State-Zip:	BOCA RATON FL 33481-2552

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: BRIAN GILROY

TREASURER

01/25/2025

Electronic Signature of Signing Officer/Director Detail

Date