

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 MAR 20 AM 8:43

TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **748698** (8)

1. Corporation Name  
**FLORIDA ASSOCIATION OF PRACTICING PSYCHOLOGISTS, INC.**

Principal Place of Business Mailing Address  
**6332 ALTON RD MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/29/1979</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>59-2331601</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**HUYSMAN, ARLENE M.  
6332 ALTON RD  
MIAMI BCH FL 33141**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH-GAMMEL, ELIZABETH
STREET ADDRESS	6400 SNAPPER CREEK DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	HUYSMAN, ARLENE
STREET ADDRESS	6332 ALTON RD
CITY - ST - ZIP	MIAMI BCH FL
TITLE	SD
NAME	LATTERNER, RUTH
STREET ADDRESS	3930 UTOPIA CT
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HOROWITZ, JUDITH A	
13 STREET ADDRESS	3 SW 129 AVE #203	
14 CITY - ST - ZIP	Pembroke Pines, FL 33027	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith E. Horowitz, Ph.D.* 1/31/95 (305) 432-0321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUDITH E. HOROWITZ

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathram Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

**DOCUMENT # 748791 (1)**  
 1. Corporation Name  
**THE CALVARY BIBLE BAPTIST CHURCH INC.**

Principal Place of Business 898 S.W. 10TH STREET P.O. BOX 2394 DELRAY BEACH FL 33444	Mailing Address 898 S.W. 10TH STREET P.O. BOX 2394 DELRAY BEACH FL 33444
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
-------------------------------------------------------------------------------	-------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/05/1979</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>59-1631955</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HARRIS, CHARLOTTE L.**  
**911 N.E. 19TH AVENUE**  
**BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, REV. ALBERTO F.	12 NAME	
STREET ADDRESS	706 S.W. 23RD AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE-LOUIS, ACES	22 NAME	
STREET ADDRESS	512 S. "A" STREET	23 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRE, ACCENE	32 NAME	
STREET ADDRESS	552 APT 2 "F" STREET	33 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	34 CITY - ST - ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRELOUIS, MARC ARTHUR	42 NAME	
STREET ADDRESS	3480 SUMMER ST. #13	43 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIN, JEAN D.	52 NAME	
STREET ADDRESS	4889 JEFFERSON RD.	53 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Alberto F. Busby 3-15-95 (407) 276-7711  
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

3/30/95  
 MJS

000001425990  
 -03/22/95 -01022--019  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25