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95 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N21402 (5)

1. Corporation Name
THE AMERICAN PSYCHOLOGICAL PRACTITIONERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

**P.O. BOX 1585
CAPE CANAVERAL FL 32920** **P.O. BOX 1585
CAPE CANAVERAL FL 32920**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/23/1987 **04/19/1994**

4. FEI Number Applied For

10-1223942 Not Applicable

5. Certificate of Status Desired **\$5.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PORTE, ROBERT, S, PHD
777 S STATE RD 7
SUITE B
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRADY, J.T.
STREET ADDRESS	110 POLK AVENUE
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	TSD
NAME	PORTE, R.
STREET ADDRESS	777 S. STATE RD. 7 STE B
CITY - ST - ZIP	MARGATE FL
TITLE	VD
NAME	MOLLOY, R G
STREET ADDRESS	2907 JEFFERSON STREET
CITY - ST - ZIP	COCONUT GROVE FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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:  **J.T. GRADY** 27 APR 95 402742-2021
Signature and typed or printed name of signing officer or director Date