

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21402 (5)**

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



Principal Place of Business: P.O. BOX 1585, CAPE CANAVERAL FL 32920  
Mailing Address: P.O. BOX 1585, CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: **06/23/1987**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>10-1223942</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRADY, J.T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 POLK AVENUE	1.2 NAME	
STREET ADDRESS	CAPE CANAVERAL FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TSD PORTE, R.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 S. STATE RD. 7 STE B	2.2 NAME	
STREET ADDRESS	MARGATE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MOLLOY, R G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2907 JEFFERSON STREET	3.2 NAME	
STREET ADDRESS	COCONUT GROVE FL 33133	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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* **J. T. GRADY** Date: **407783-8071** Daytime Phone #

CR2E037 (12/95)