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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
P.O. BOX 1585 CAPE CANAVERAL FL 32920 P.O. BOX 1585 CAPE CANAVERAL FL 32920-1585

3. Date Incorporated or Qualified 06/23/1987 3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 10-1223942 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (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. 110 POLK AVENUE CAPE CANAVERAL FL
NAME GRADY, J.T. 110 POLK AVENUE CAPE CANAVERAL FL
STREET ADDRESS 110 POLK AVENUE CAPE CANAVERAL FL
CITY-ST-ZIP CAPE CANAVERAL FL
TITLE TSD PORTE, R. 777 S. STATE RD. 7 STE B MARGATE FL
NAME PORTE, R. 777 S. STATE RD. 7 STE B MARGATE FL
STREET ADDRESS 777 S. STATE RD. 7 STE B MARGATE FL
CITY-ST-ZIP MARGATE FL
TITLE VD MOLLOY, R G 2907 JEFFERSON STREET COCONUT GROVE FL 33133
NAME MOLLOY, R G 2907 JEFFERSON STREET COCONUT GROVE FL 33133
STREET ADDRESS 2907 JEFFERSON STREET COCONUT GROVE FL 33133
CITY-ST-ZIP COCONUT GROVE FL 33133
TITLE DELETED
NAME DELETED
STREET ADDRESS DELETED
CITY-ST-ZIP DELETED
TITLE DELETED
NAME DELETED
STREET ADDRESS DELETED
CITY-ST-ZIP DELETED
TITLE DELETED
NAME DELETED
STREET ADDRESS DELETED
CITY-ST-ZIP DELETED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: T. GRADY REQUIRED T. GRADY 407-783-8071

CR2E037 (9/96)