



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 036 \*\*\*\*61.25

<b>DOCUMENT # N21402</b>					
1. Entity Name <b>THE AMERICAN PSYCHOLOGICAL PRACTITIONERS ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 1585 CAPE CANAVERAL, FL 32920		Mailing Address P.O. BOX 1585 CAPE CANAVERAL, FL 32920		<b>20004043</b>    01272006 Chg-NP CR2E037 (11/05)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>10-1223942</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORTE, ROBERT, S, PHD 777 S STATE RD 7 SUITE B MARGATE, FL 33068			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRADY, J.T.	NAME			
STREET ADDRESS	110 POLK AVENUE	STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL, FL	CITY-ST-ZIP			
TITLE	TSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTE, R.	NAME			
STREET ADDRESS	777 S. STATE RD. 7 STE B	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL	CITY-ST-ZIP			
TITLE	VP, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLLOY, R G	NAME			
STREET ADDRESS	2907 JEFFERSON STREET	STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP			
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Molloy, R.G.	NAME			
STREET ADDRESS	2907 JEFFERSON ST.	STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE, FLA, 33133	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>J.T. Grady, Ph.D.</i>		J.T. GRADY, PH.D.		321 7838071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	