


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<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
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 10-1223942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADY, J.T. 110 POLK AVENUE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLLOY, R G 2907 JEFFERSON STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOLLEY, R.G. 2907 JEFFERSON ST COCONUT GROVE, FL 33133
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 01/26/07-80036-011 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *John T. Grady, Ph.D.* **John T. Grady, Ph.D.** 334-7838071  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #