

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90225 001 \*\*\*\*61.25

**DOCUMENT # N21402**



1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **10-1223942**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRADY, J.T. 110 POLK AVENUE CAPE CANAVERAL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD PORTE, R. 777 S. STATE RD. 7 STE B MARGATE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MOLLOY, R G 2907 JEFFERSON STREET COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *[Signature]* **REGISTERED AGENT: GRADY** 12 Feb 03 3217858071

CR2E037 (10/02)