

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

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-5-1-96

B-5903

DOCUMENT # **N31117** (7)  
1. Corporation Name

**SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND RESEARCH, INC.**



Principal Place of Business Mailing Address  
**8200 SW 140TH AVENUE MIAMI FL 33183**

3. Date Incorporated or Qualified **03/10/1989** 3a. Date of Last Report **08/25/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **P.O. Box 832891**  
**22** City & State **27** **Miami, Fla**  
**23** City & State **28** City & State  
**24** Zip **25** Country **29** **33182** **30** **USA**

4. FEI Number **65-0116483** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SMITH, HULSEY & BUSEY**  
**225 WATER STREET**  
**SUITE 1800**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
**81** Name **Vera B. Selmore**  
**82** Street Address (P.O. Box Number is Not Acceptable) **8200 SW 140 Ave**  
**83** **Miami, Fl**  
**84** City **FL** **85** Zip Code **33183**

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 **Vera B. Selmore** **Vera B. Selmore** **4-21-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>SELMORE, VERA B.</b>	
STREET ADDRESS	<b>8200 SW 140 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	
NAME	<b>ELUETT, SANDRA</b>	
STREET ADDRESS	<b>916 ADELPHI COURT</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	
NAME	<b>SELMORE, KIMBERLY A.</b>	
STREET ADDRESS	<b>2150 TRAYMORE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	
NAME	<b>NEWMAN, BRANA</b>	
STREET ADDRESS	<b>10641 SW 108 AVE., #2G</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	
NAME	<b>BROWN, GAYLE E.</b>	
STREET ADDRESS	<b>11400 N.KENDALL DR.#212</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	
NAME	<b>COLBERT, DAISY S.</b>	
STREET ADDRESS	<b>60 EVERGREEN AVENUE</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: **Vera B. Selmore** **Vera B. Selmore** **4-21-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)