

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31117

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND RESEARCH, INC.

**Current Principal Place of Business:**

8200 SW 140TH AVENUE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 832891  
MIAMI, FL 33182 US

**New Mailing Address:**

**FEI Number:** 65-0116483      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELMORE, VERA B.  
8200 SW 140 AVE.  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SELMORE, VERA B.,  
Address: 8200 SW 140 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

Title: DVP ( ) Delete  
Name: FLUITT, SANDRA .,  
Address: 916 ADELPHI COURT  
City-St-Zip: FT. MYERS, FL 33907 US

Title: D ( ) Delete  
Name: RUSSAW, JOYCE B,  
Address: 418 MARQUIS WAY  
City-St-Zip: MARROW, GA 30260 US

Title: DT ( ) Delete  
Name: WASHINGTON, MICHAEL S  
Address: 8200 SW 140 AVE  
City-St-Zip: MIAMI, FL 33183 US

Title: D ( ) Delete  
Name: WASHINGTON, MARC S  
Address: 8200 SW 140 AVE  
City-St-Zip: MIAMI, FL 33183

Title: DS ( ) Delete  
Name: AKENDE, AKENDELE  
Address: 8200 SW 140 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WASHINGTON

DT

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date