

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31117

FILED
Mar 04, 2011
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 33283 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: D
Name: SELMORE, VERA B.
Address: 8200 SW 140 AVENUE
City-St-Zip: MIAMI, FL 33183 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VERA B SELMORE

D

03/04/2011

Electronic Signature of Signing Officer or Director

Date