

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2014
Secretary of State
CC2205842084

Entity Name: ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING, INC.

Current Principal Place of Business:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312

Current Mailing Address:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

FEI Number: 54-2110263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DODD, DONNA
6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

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

Officer/Director Detail :

Title SD
Name VIDAL, AVIS
Address 3198 FACULTY/ADMINISTRATION
BUILDING
DEPT GEOGRAPHY & URBAN
PLANNING WAYNE STATE
UNIVERSITY
City-State-Zip: DETROIT MI 48202

Title PD
Name THOMAS, JUNE
Address 2000 BONISTEEL BOULEVARD
TAUBMAN COLLEGE OF
ARCHITECTURE UNIVERSITY OF
MICHIGAN
City-State-Zip: ANN ARBOR MI 48109-2069

Title VD
Name TAKAHASHI, LOIS
Address 3250 PUBLIC POLICY BLDG, BOX
951656
LUSKIN SCHOOL OF PUBLIC
AFFAIRS/URBAN PLANNING UCLA
City-State-Zip: LOS ANGELES CA 90095-1656

Title TD
Name ANDREWS, CLINTON
Address 33 LIVINGSTON AVENUE, ROOM 367
City-State-Zip: NEW BRUNSWICK NJ 08901

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: CLINTON ANDREWS

TREASURER

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date