

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009174

FILED
Feb 11, 2021
Secretary of State
2816922547CC**Entity Name:** COUNCIL OF GRADUATE DEPARTMENTS OF PSYCHOLOGY, INC.**Current Principal Place of Business:**1107 WEST CALL STREET
PSYCHOLOGY BUILDING, ROOM 203
TALLAHASSEE, FL 32306-4301**Current Mailing Address:**1107 WEST CALL STREET
PSYCHOLOGY BUILDING, ROOM 203
TALLAHASSEE, FL 32306-4301 US**FEI Number:** 63-0823526**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, FRANK
1107 WEST CALL ST.
PSYCHOLOGY BUILDING, RM 203
TALLAHASSEE, FL 32306-4301 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:** FRANK JOHNSON

02/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OTHER
Name	JOHNSON, FRANK
Address	1107 WEST CALL ST., PSYCHOLOGY, FSU
City-State-Zip:	TALLAHASSEE FL 32306-4301

Title	MEMBERSHIP & LISTSERV
Name	PETERS, SHEILA
Address	DEPARTMENT OF PSYCHOLOGY FISK UNIVERSITY 207 PARK JOHNSON HALL
City-State-Zip:	NASHVILLE TN 37208

Title	WEBMASTER
Name	STUHLMACHER, ALICE
Address	DEPARTMENT OF PSYCHOLOGY DEPAUL UNIVERSITY
City-State-Zip:	CHICAGO IL

Title	GENERAL MEMBER
Name	MANGELS, JENNIFER
Address	DEPARTMENT OF PSYCHOLOGY BARUCH COLLEGE - CUNY NYC 8-220
City-State-Zip:	NEW YORK NY

Title	TREASURER
Name	MARSHALL, PETER
Address	DEPT.OF PSYCHOLOGY TEMPLE UNIVERSITY
City-State-Zip:	PHILADELPHIA PA 19122

Title	CHAIRMAN
Name	YOUNG, MICHAEL
Address	KANSAS STATE UNIVERSITY 492 BLUEMONT HALL
City-State-Zip:	MANHATTAN KS 66506

Title	GENERAL MEMBER
Name	DIXON, WALLACE
Address	DEPT OF PSYCHOLOGY EAST TENNESSEE STATE UNIVERSITY 420-A ROGERS-STOUT
City-State-Zip:	JOHNSON CITY TN

Title	GENERAL MEMBER
Name	SALA, EDUARDO
Address	DEPARTMENT OF PSYCHOLOGICAL SCIENCES RICE UNIVERSITY
City-State-Zip:	HOUSTON TX

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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: FRANK JOHNSON**REGISTERED AGENT**

02/11/2021

Officer/Director Detail Continued :

Title	SECRETARY
Name	LEWIS, RHONDA
Address	DEPARTMENT OF PSYCHOLOGY WICHITA STATE UNIVERSITY 1845 FAIRMONT
City-State-Zip:	WICHITA KS 67260