

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009174

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**2232521842CC****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:**TAYLOR, JEANETTE  
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:** JEANETTE TAYLOR

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	TAYLOR, JEANETTE
Address	1107 WEST CALL ST., PSYCHOLOGY, FSU
City-State-Zip:	TALLAHASSEE FL 32306-4301

Title	MEMBERSHIP & LISTSERV
Name	KELLY, KIESA
Address	DEPARTMENT OF PSYCHOLOGY TENNESSEE STATE UNIV 3500 JOHN A. MERRITT BLVD
City-State-Zip:	NASHVILLE TN 37209

Title	WEBMASTER
Name	YOUNG, MICHAEL
Address	DEPT OF PSYCHOLOGICAL SCIENCES KANSAS STATE UNIVERSITY 492 BLUEMONT HALL
City-State-Zip:	MANHATTAN KS 66506

Title	GENERAL MEMBER
Name	LEWIS, RHONDA
Address	DEPT OF PSYCHOLOGY WICHITA STATE UNIVERSITY
City-State-Zip:	WICHITA KS 67260

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

Title	CHAIRMAN
Name	HETRICK, WILLIAM
Address	DEPT. OF PSYCHOLOGICAL & BRAIN SCIENCES INDIANA UNIVERSITY
City-State-Zip:	BLOOMINGTON IN

Title	GENERAL MEMBER
Name	MCBRIDE, CAMI K.
Address	DEPT OF PSYCHOLOGY ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE.
City-State-Zip:	CHICAGO IL 60605

Title	GENERAL MEMBER
Name	STONE, ERIC
Address	DEPARTMENT OF PSYCHOLOGY WAKE FOREST UNIVERSITY 415 GREENE HALL
City-State-Zip:	WINSTON-SALEM NC 27109

**Continues on page 2**

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:** JEANETTE TAYLOR

02/12/2019

**Officer/Director Detail Continued :**

Title SECRETARY  
Name HELLER, WENDY  
Address UNIVERSITY OF ILLINOIS  
715 PSYCHOLOGY BLDG. 603 E. DANIEL ST.  
City-State-Zip: CHAMPAIGN IL 61820