

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009174

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2272666534****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

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	WEINRAUB, MARSHA M
Address	DEPT OF PSYCHOLOGY TEMPLE UNIVERSITY
City-State-Zip:	PHILADELPHIA PA 89557

Title	WEBMASTER
Name	ANDRASIK, FRANK
Address	DEPT OF PSYCHOLOGY, UNIVERSITY OF MEMPHIS
City-State-Zip:	MEMPHIS TN 38512

Title	TREASURER
Name	MEEKS, SUZANNE
Address	DEPT.OF PSYCHOLOGY AND BRAIN SCIENCES UNIVERSITY OF LOUISVILLE
City-State-Zip:	LOUISVILLE KY 40292

Title	GENERAL MEMBER
Name	CARLSON, CINDY
Address	DEPT OF EDUCATIONAL PSYCHOLOGY UNIVERSITY OF TEXAS
City-State-Zip:	AUSTIN TX 78712

Title	MEMBERSHIP
Name	PETTY, RICHARD
Address	225 PSYCHOLOGY BUILDING OHIO STATE UNIVERSITY
City-State-Zip:	COLUMBUS OH 43210

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

Title	CHAIRMAN
Name	DIXON, WALLACE
Address	DEPARTMENT OF PSYCHOLOGY EAST TENNESSEE STATE UNIV
City-State-Zip:	JOHNSON CITY TN 37614

Title	GENERAL MEMBER
Name	MAYNARD, ASHLEY
Address	DEPT. OF PSYCHOLOGY UNIVERSITY OF HAWAII AT MANOA 2530 DOLE ST.
City-State-Zip:	HONOLULU HI 96822-2294

**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 TAYLORCHAIR OF PSYCHOLOGY, 01/09/2015  
FSU

**Officer/Director Detail Continued :**

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