

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009174

Entity Name: COUNCIL OF GRADUATE DEPARTMENTS OF PSYCHOLOGY, INC.**FILED**
Mar 07, 2024
Secretary of State
2613750601CC**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:**SCHMIDT, BRAD
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:** BRAD SCHMIDT

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	MEMBER AT LARGE
Name	STANTON, ANNETTE
Address	DEPARTMENT OF PSYCHOLOGY 502 PORTOLA PLAZA 1285 PSYCHOLOGY BLDG
City-State-Zip:	LOS ANGELES CA 90095-1563

Title	MEMBER AT LARGE
Name	DOUGHERTY, MICHAEL
Address	DEPARTMENT OF PSYCHOLOGY UNIVERSITY OF MARYLAND
City-State-Zip:	COLLEGE PARK MD 20742

Title	MEMBER AT LARGE
Name	SMART, JAMES
Address	DEPARTMENT OF PSYCHOLOGY 102H/318 PSYCHOLOGY BLDG
City-State-Zip:	OXFORD OH 45056

Title	TREASURER
Name	MANGELS, JENNIFER
Address	DEPT.OF PSYCHOLOGY BARUCH COLLEGE - CUNY NVC 8-220
City-State-Zip:	NEW YORK NY

Title	CHAIRMAN
Name	DALY, BRIAN
Address	DEPT OF PSYCHOLOGY DREXEL UNIVERSITY 3141 CHESTNUT ST
City-State-Zip:	PHILADELPHIA PA 19146

Title	MEMBER AT LARGE
Name	MORISSETTE, SANDRA
Address	DEPT OF PSYCHOLOGY UT SAN ANTONIA ONE UTSA CIRCLE
City-State-Zip:	SAN ANTONIO TX 78249

Title	MEMBER AT LARGE
Name	SHEAR, PAULA
Address	DEPT OF PSYCHOLOGY VERA C EDWARDS CENTER, 1 ROOM 4130 P
City-State-Zip:	CINCINNATI OH 45221

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: JENNIFER MANGELS

TREASURER

03/07/2024

