

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009174

**Entity Name:** COUNCIL OF GRADUATE DEPARTMENTS OF PSYCHOLOGY, INC.**FILED**  
**Feb 07, 2018**  
**Secretary of State**  
**CC6589351440****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****02/07/2018**

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

Title	CHAIRMAN
Name	BARCH, DEANNA
Address	DEPT. OF PSYCHOLOGY WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DR.
City-State-Zip:	ST. LOUIS MO 63130-4899

Title	WEBMASTER
Name	ABRAMS, LISE
Address	DEPT OF PSYCHOLOGY UNIVERSITY OF FLORIDA 945 CENTER DR.
City-State-Zip:	GAINESVILLE FL 32611-2250

Title	GENERAL MEMBER
Name	MILLER, GREGORY A.
Address	DEPT OF PSYCHOLOGY UNIVERSITY OF CALIFORNIA
City-State-Zip:	LOS ANGELES CA

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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: JEANETTE TAYLOR****02/07/2018**

**Officer/Director Detail Continued :**

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