

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008756

Entity Name: AMERICAN COLLEGE OF NEUROPSYCHOANALYSIS, INC.**Current Principal Place of Business:**150 SE 2ND AVENUE, SUITE 1110
MIAMI, FL 33131**Current Mailing Address:**MOUNT ZION
14166
JERUSALEM, ISRAEL 911141 IL**FEI Number:** 27-0928139**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**R&P ACCOUNTING & TAXES, INC.
150 SE 2ND AVENUE SUITE 1110
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name ROBERTO COHEN, ZIGMUND
 ZIEGLER PHD
Address MOUNT ZION
 ISRAEL 14166
City-State-Zip: JERUSALEM JERUSALEM 91411101

Title DIRECTOR
Name COHEN, ROBERTO DR.
Address MOUNT ZION
 14166
City-State-Zip: JERUSALEM 91411100

Title TREASURER
Name PARDO, JAIDITH KIMERLY PARDO
 PHD
Address KRA. 13 C # 31 B 08 SUR
 BOGOTA D,C. KRA. 13 C # 31 B 08
 SUR
City-State-Zip: BOGOTA CUNDINAMARCA 13 C # 31
 B 08 CO

Title VP
Name ZIEGLER, BERNICE DR.
Address MOUNT ZION
 ISRAEL 14166
City-State-Zip: JERUSALEM 91411100

Title RECTOR CEO
Name GONZALEZ, OMAR ROJAS PHD
Address KRA. 13 C # 31 B 08 SUR
 BOGOTA D,C. KRA. 13 C # 31 B 08
 SUR
City-State-Zip: BOGOTA CUNDINAMARCA 13 C # 31
 B 08 CO

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: ZIGMUND ZIEGLER ROBERTO COHEN**PRESIDENT****07/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date