## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED
Mar 09 1998 8:00am
Secretary of State

FLORIDA SOCIETY FOR PSYCHICAL RESEARCH, INC.								
Principal Plac	e of Business	Mailing Address				- F 1986) 19819 11918 1911 9911 9386) 911 94911 91	HE BURSH BURSH BURSH	
2005 JACKSON ST HOLLYWOOD FL 33020-5023 2005 JACKSON ST HOLLYWOOD FL 33020-5023						3. Date Incorporated or Qualified 03/12/1974 4. FEI Number	<del>     </del>	ed For
2. Principal P	lace of Business	2a. Mailing Address				59-1522613		Applicable
21	INCO OF DOSTITOSS	}—,	26			5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Requ	
[ Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 Ma	
22 City & State		City & State	City & State		Trust Fund Contribution	Added to F	668	
23		28	<b>├</b> ¬ ′		7. Is this nonprofit corporation a homeowner Yes	rs association? ☐ No		
Zip	Country	Zip		Country		8. This corporation owes or has paid the cu	rrent year Intan	gible
24	25	29	30				Yes 1	<b>1</b> 0
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
GINUNG	, 'DAVID J							
	ERIDAN STREET - STE 500			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	OOD FL 33021			83				
				84	City		85 Zip Co	de
44 D		0500 4 047 4500 51-14-4	Ot to the other			FL	.   '   '	
11. Pursuant	egistered agent, or both, in the S	State of Florida. Such change	was author	rized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	changing its repointment as re	gistered
1	m tamiliar with, and accept the o	oligations of, Section 617.030	J3, FIDRIOS S	Statinies	i.			
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: Regis	elered Ape	nt signature require			
12.		AND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELET	1	I.1 TITLE			∟ Change	Addition
NAME	LOGETTE, LILIA M.		1	I.2 NAME	_			
STREET ADDRESS	2005 JACKSON ST			I.3 STAEET				
CITY-ST-ZIP TITLE	HOLLYWOOD FL STD			1.4 CITY - ST	F-Z P			
NAME	SIMONS, BARBARA A	I I DELETA	F 10 2	1 TITLE			Change	Addition
STREET ADDRESS		☐ DELET	-	2.1 TITLE			Change [	Addition
		□ DELET	2	2.2 NAME	ADDRESS		Change [	Addition
ICITY-ST-ZIP I	5111 MADISON STREET	☐ DELET	2	2.2 name 2.3 street			Change [	Addition
CITY-ST-ZIP TITLE		☐ DELETI	2 2 2	2.2 NAME			Change Change	Addition  Addition
·	6111 MADISON STREET HOLLYWOOD FL		2 2 2 2	2.2 NAME 2.3 STREET 2.4 CITY-S				
TITLE	5111 MADISON STREET HOLLYWOOD FL D	DELET(	2 2 2 E 3.	2.2 NAME 2.3 STREET 2. 4 CITY-S 1.1 TITLE	T-ZIP			
TITLE NAME	8111 MADISON STREET HOLLYWOOD FL D SIMONS, DAVID J	DELET	2 2 2 E 3. 3	2.2 NAME 2.3 STREET: 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS		Change [	Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if charged, or on an attachment with an fadress.