

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729045

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** FLORIDA SOCIETY FOR PSYCHICAL RESEARCH, INC.

**Current Principal Place of Business:**

5809 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

5809 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 59-1522613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONS, DAVID J  
3864 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOGETTE, LILIA M.,  
Address: 738 N. CRESCENT DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD ( ) Delete  
Name: SIMONS, BARBARA A  
Address: 738 N. CRESCENT DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete  
Name: CHUCKSHING, YVONNE  
Address: 8651 NW 3RD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD ( ) Delete  
Name: SIMONS, DAVID J  
Address: 3864 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA A. SIMONS

PD

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date