2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# 729045

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	(X) 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 04/22/2005

Electronic Signature of Signing Officer or Director — Date