

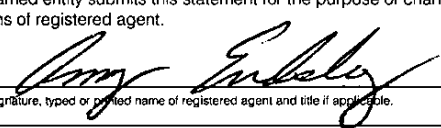
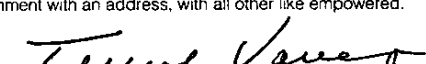


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90161 041 ****61.25

DOCUMENT # 738081 1. Entity Name FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.					
Principal Place of Business 900 FOX VALLEY DRIVE STE 204 LONGWOOD, FL 32779 US			Mailing Address 900 FOX VALLEY DRIVE STE 204 LONGWOOD, FL 32779 US		
2. Principal Place of Business 8146 N. Pine Haven Point		3. Mailing Address 8146 N. Pine Haven Point			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crystal River, FL 34428		City & State Crystal River, FL			
Zip 34428	Country USA	Zip 34428	Country USA		
4. FEI Number 59-1727709				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent MONAHAN, THOMAS A 900 FOX VALLEY DRIVE, STE 204 TALLAHASSEE, FL 32779					
7. Name and Address of New Registered Agent Name Endsley, Amy Street Address (P.O. Box Number is Not Acceptable) 8146 N. Pine Haven Point City Crystal River FL Zip Code 34428					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  4-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, JOSHUA 14150 COLONIAL GRAND, #1303 ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Amy Endsley 8146 N. Pine Haven Point Crystal River, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, GAIL 4717 BRIAR OAK DRIVE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REID, FREDA M 10342 ARROWHEAD DR. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terrance Vaccaro 9301 SW 148th St Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MYERS, MARY ALICE 705 HORTON ST. NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Templeton - President Elect 12940 Buckland Court Wellington Fl 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/22/06 (305) 995-1791 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					