

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 28, 2009**  
**Secretary of State**

DOCUMENT# 738081

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.**Current Principal Place of Business:**8146 N. PINE HAVEN POINT  
CRYSTAL RIVER, FL 34428 US**New Principal Place of Business:****Current Mailing Address:**8146 N. PINE HAVEN POINT  
CRYSTAL RIVER, FL 34428 US**New Mailing Address:****FEI Number:** 59-1727709**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ENDSLEY, AMY W  
8146 N. PINE HAVEN POINT  
CRYSTAL RIVER, FL 34428 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:** T ( ) Delete  
**Name:** ENDSLEY, AMY E  
**Address:** 8446 N. PINE HAVEN POINT  
**City-St-Zip:** CRYSTAL RIVER, FL 34428**Title:** D ( ) Delete  
**Name:** PATTERSON, GAIL  
**Address:** 4717 BRIAR OAK DRIVE  
**City-St-Zip:** PACE, FL 32571**Title:** P ( ) Delete  
**Name:** VACCERO, TERRANCE  
**Address:** 9201 SW 148TH ST  
**City-St-Zip:** MIAMI, FL 33176**Title:** PE ( ) Delete  
**Name:** TEMPLETON, ROBERT  
**Address:** 12940 BUCKLAND COURT  
**City-St-Zip:** WELLINGTON, FL 33414**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P (X) Change ( ) Addition  
**Name:** BRADFORD, UNDERHILL  
**Address:** 2014 OTTER WAY  
**City-St-Zip:** PALM HARBOR, FL 34685**Title:** PE (X) Change ( ) Addition  
**Name:** MARK, NEELY  
**Address:** 8365 LE MESA ST  
**City-St-Zip:** ORLANDO, FL 32827**Title:** PP ( ) Change (X) Addition  
**Name:** JOSHUA, LUTZ  
**Address:** 3612 QUAL RUN RD.  
**City-St-Zip:** GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMY ENDSLEY

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04/28/2009

Electronic Signature of Signing Officer or Director

Date