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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morjham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753418 (3)

1. Corporation Name

ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.



Principal Place of Business

Mailing Address

9140 WARD PKWY.
KANSAS CITY MO 64114

9140 WARD PKWY.
KANSAS CITY MO 64114-3306

3. Date Incorporated or Qualified 07/22/1980
3a. Date of Last Report 03/20/1996

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25		Country

4. FEI Number	Applied For
22-2291442	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PE <input type="checkbox"/> DELETE
NAME	OTTO, PAT
STREET ADDRESS	12610 FRIENDSHIP RIDGE LANE
CITY - ST - ZIP	SUNSET HILLS MO
TITLE	DOF <input type="checkbox"/> DELETE
NAME	FLAUTT, TOM
STREET ADDRESS	757 CEDAR POINT DR
CITY - ST - ZIP	CINCINNATI OH
TITLE	DOR <input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, ELIZABETH
STREET ADDRESS	1128 WILLIAMSBURG LANE
CITY - ST - ZIP	KELLER TX
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BREEDING, BRUCE
STREET ADDRESS	503 MEADOW LANE
CITY - ST - ZIP	MURRAY KY
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GUZIE, TAD
STREET ADDRESS	5267 DALCROFT CRESCENT N.W.
CITY - ST - ZIP	CALGARY AB
TITLE	ED <input type="checkbox"/> DELETE
NAME	DANIELS, LISA
STREET ADDRESS	9250 WARD PKWY 9140
CITY - ST - ZIP	KANSAS CITY MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President-Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marti Singer
1.3 STREET ADDRESS	2481 Zachary Woods Dr.
1.4 CITY - ST - ZIP	Marietta, GA 30064
2.1 TITLE	Director of Communications <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Newman
2.3 STREET ADDRESS	740 Clarkson
2.4 CITY - ST - ZIP	Denver, CO 80218-3204
3.1 TITLE	Director of Education <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sara Delano Moore
3.3 STREET ADDRESS	3373 Commodore Dr.
3.4 CITY - ST - ZIP	Lexington, KY 40502-3601
4.1 TITLE	Director of Interest Areas <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth Murphy
4.3 STREET ADDRESS	1128 Williamsburg Lane
4.4 CITY - ST - ZIP	Keller, TX 76248-5239
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 changed or on an attachment with an address.

SIGNATURE: *Lisa Daniels* 2-27-97 (816) 444-3500

CR2E037 (9/96)