

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753418 (3)**  
 1. Corporation Name  
**ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.**



Principal Place of Business <b>9140 WARD PKWY.                  KANSAS CITY MO 64114</b>	Mailing Address <b>9140 WARD PKWY.                  KANSAS CITY MO 64114</b>
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3. Date Incorporated or Qualified  
**07/22/1980**

4. FEI Number  
**22-2291442**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE OTTO, PAT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12810 FRIENDSHIP RIDGE LANE	1.2 NAME	
STREET ADDRESS	SUNSET HILLS MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DOF FLAUTT, TOM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	757 CEDAR POINT DR	2.2 NAME	
STREET ADDRESS	CINCINNATI OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PE MARTI SINGER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2481 ZACHARY WOODS DR	3.2 NAME	
STREET ADDRESS	MARIETTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JAMES NEWMAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	740 CLARKSON	4.2 NAME	
STREET ADDRESS	DENVER CO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SARA DELANO MOORE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3373 COMMODORE DR	5.2 NAME	
STREET ADDRESS	LEXINGTON KY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED DANIELS, LISA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9140 WARD PKWY	6.2 NAME	
STREET ADDRESS	KANSAS CITY MO	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_ DATE **1/28/98**

CR2E037 (10/97)