


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753418

1. Corporation Name
ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.

Principal Place of Business
9140 WARD PKWY.
KANSAS CITY MO 64114

Mailing Address
9140 WARD PKWY.
KANSAS CITY MO 64114



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/22/1980
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-2291442
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 CT CORPORATION SYSTEM DATE JANUARY 14, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTTO, PAT	1.2 NAME	P
STREET ADDRESS	12610 FRIENDSHIP RIDGE LANE	1.3 STREET ADDRESS	MURPHY, ELIZABETH
CITY-ST-ZIP	SUNSET HILLS MO	1.4 CITY-ST-ZIP	1128 WILLIAMSBURG LANE KELLER, TX
TITLE	DOE D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAUTT, TOM	2.2 NAME	DOE ZELDA TENENBAUM
STREET ADDRESS	757 CEDAR POINT DR	2.3 STREET ADDRESS	22 W BRYAN ST, #203
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	SAVANNAH, GA
TITLE	PE <input type="checkbox"/> DELETE	3.1 TITLE	P (PAST) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTI SINGER	3.2 NAME	
STREET ADDRESS	2481 ZACHARY WOODS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P (ELECT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES NEWMAN	4.2 NAME	OTTO KROEGER
STREET ADDRESS	740 CLARKSON	4.3 STREET ADDRESS	3605 CHAIN BRIDGE ROAD
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	FAIRFAX, VA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA DELANO MOORE	5.2 NAME	MARVIN RYTTING
STREET ADDRESS	3373 COMMODORE DR	5.3 STREET ADDRESS	4690 STONEBRIDGE COURT
CITY-ST-ZIP	LEXINGTON KY	5.4 CITY-ST-ZIP	COLUMBUS, IN
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, LISA	6.2 NAME	OLGUIN, ART
STREET ADDRESS	9140 WARD PKWY	6.3 STREET ADDRESS	580 GWYNE AVE
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP	SANTA BARBARA, CA

14. I 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, with all other like empowered.

SIGNATURE: LISA DANIELS SIGNATURE REQUIRED JAN. 14, 1999 816 444 3500

CR2E037 (11/98)

240 299-90082-26
#753418

ADDITIONAL BOARD MEMBERS OF THE ASSOCIATION FOR PSYCHOLOGICAL TYPE:

PETER D. NOBLE
SUITE 21, 114 LAKESHORE ROAD E
OAKVILLE, ONTARIO CANADA

MARY ELLEN COLLINS
7667 HOPKINS ROAD
MAINEVILLE, OH

CORRECTION:
TOM FAUTT (LISTED ON FRONT) IS NOW A DIRECTOR (NOT DOF)