

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57494

FILED
Mar 29, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR PSYCHODRAMA AND GROUP WORK, INC.

Current Principal Place of Business:

10891 SW 67TH AVENUE
MIAMI, FL 33156

New Principal Place of Business:

10891 SW 67TH AVENUE
MIAMI, FL 33156 US

Current Mailing Address:

10891 SW 67TH AVENUE
MIAMI, FL 33156

New Mailing Address:

10891 SW 67TH AVENUE
MIAMI, FL 33156 US

FEI Number: 59-2382993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, S. GORDON
SUITE 2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

ELEFTHERY, DOROTHEA T PD
10891 SW 67 AVENUE
MIAMI, FL 33156 US

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: DOROTHEA T. ELEFTHERY

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELEFTHERY, DOROTHEA, T
Address: 10891 SW 67TH AVE
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELEFTHERY, DOROTHEA T
Address: 10891 SW 67TH AVENUE
City-St-Zip: MIAMI, FL 33156 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHEA T. ELEFTHERY

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date