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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M94997

THE INSTITUTE FOR PSYCHOLOGICAL GROWTH, INC.

Principal Place	e of Business	Mailing Address							
C/O TRUDY BL		C/O TRUDY BLOCK							
6499 POWERLINE ROAD. SUITE 209 6499 POWERLINE ROAD. SUITE						1			
ft. Lauderdal	LE FL 33309	FT. LAUDERDALE FL 33309)			DO NOT WRIT	TE IN THIS	SPACE	
						Date Incorporated or Qualifed 08/12/1988			_
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number	1,1	Apı	plied For
21		26				65-0065439		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 -			5. Certifcate of Status Desired		\$8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28			34. t		Trust Fund Contribution		Added to	Fees
Zip	CountryZipC			ntry 8. This corporation owes the current year Intangible			_		
24.	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered	Agent	
			-	81 18	Name				
	CK, TRUDY			82 5	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
6499 POWERLINE ROAD			[- `	011001710010	31000 (1-13, 200, 10-11			
SUITE 209			Ī	83	*****				
FT. L	AUDERDALE FL 33309		1-					85 Zip C	- odo
			['	84 (City		FL	. 65 219 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-n	named corpo	ration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of mediate from the state of the following mediate with, and accept the obligations are stated in the state of the state o	if Florida. Such change was a	uthorized	by the	e corporatio	n's board of directors. I hereby accer	ot the appoi	ntment as reg	gistered
agent. i a	m tamiliar with, and accept the obligati	ons of Section 607.0303, Fig	ilda Statui	103.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent sig	gnature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITL	_			-	Change	
ì			7,1 1112	E	I	•		Ollarigo	☐ Addition \
NAME	BLOCK, TRUDY	□ DELETE	1.2 NAN			•		Cloudings	☐ Addition !
	BLOCK, TRUDY 6499 POWERLINE ROAD	☐ DELETE	1.2 NAN		ODRESS .			Containing	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	="	☐ DELETE	1.2 NAA 1.3 STR	ME REET AD Y-ST-ZI	1			Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6499 POWERLINE ROAD	☐ DELETE	1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR	ME Y-ST-ZI E ME REET AD Y-ST-Z E REET AD	DDRESS ZIP DDRESS			☐ Change	☐ Addition ☐ Addition ☐
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	6499 POWERLINE ROAD FT. LAUDERDALE FL	☐ DELETE	1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR	ME REET AD Y-ST-Z E REET AD RE	DDRESS DDRESS DDRESS DDRESS DDRESS			☐ Change	Addition Addition
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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 607, 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.