

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012984

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA PSYCHOLOGICAL FOUNDATION, INC.

Current Principal Place of Business:

408 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

408 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-4678556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIETTI, CONNIE
408 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRUMKIN, I. BRUCE
Address: 7241 SW 63RD AVE., #203A
City-St-Zip: SOUTH MIAMI, FL 33143

Title: P () Delete
Name: RICE, WARREN
Address: 4217 SW 94TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: SPERO, MITCHELL
Address: 350 N.W. 70TH AVE., SUITE A
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: HIBEL, JANET
Address: 8259 N. MILITARY TRAIL, #9
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: KUBIAK, LARRY
Address: 1616 PHYSICIANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WOODY, ROBERT H
Address: P.O. BOX 34880
City-St-Zip: OMAHA, NE 68134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY KUBIAK

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date