

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012984

FILED  
Apr 30, 2009  
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: D ( ) Delete  
Name: RICE, WARREN  
Address: 4217 SW 94TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: P ( ) Delete  
Name: ROMANO, DAVID  
Address: 1950 LEE ROAD, #217-A  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: MCKAY, DIANE  
Address: 1845 MORRILL STREET  
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete  
Name: RICKE, JILL  
Address: 1535 KILLEARN CENTER BLVD, SUITE D1  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete  
Name: KAZAR, DAVID  
Address: 1201 FIFTH AVENUE N, #305  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ED ( ) Delete  
Name: GALIETTI, CONNIE  
Address: 408 OFFICE PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KAZAR, DAVID  
Address: 261 SUNSET DR N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: P (X) Change ( ) Addition  
Name: SILVERMAN, WADE  
Address: 1031 IVES DAIRY ROAD, SUITE 228  
City-St-Zip: MIAMI, FL 33179

Title: T (X) Change ( ) Addition  
Name: PORTER, ROBERT  
Address: 118 W PLYMOUTH STREET  
City-St-Zip: TAMPA, FL 33603

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

Title: P (X) Change ( ) Addition  
Name: ROMANO, DAVID  
Address: 1950 LEE ROAD, #217-A  
City-St-Zip: WINTER PARK, FL 32789

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

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

SIGNATURE: CONNIE GALIETTI

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date