

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001952

FILED
Apr 13, 2009
Secretary of State

Entity Name: PSYMORE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

15622 BEAR CREEK DR.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 340464
TAMPA, FL 33694

New Mailing Address:

FEI Number: 68-0623278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEMAN, SHERIDAN L.
15622 BEAR CREEK DR.
TAMPA, FL 33624 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: DP () Delete
Name: HALL, EUGENIA T.
Address: 12904 RAIN FOREST STREET
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: BARTHLE, JANE A.
Address: 15501 BELLAMY BROTHERS BLVD.
City-St-Zip: DADE CITY, FL 33523

Title: DT () Delete
Name: HAGEMAN, SHERIDAN L.
Address: 15622 BEAR CREEK DR.
City-St-Zip: TAMPA, FL 33624

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:

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: SHERIDAN HAGEMAN

TRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date