


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 038 ****61.25

DOCUMENT # N06000008964					
1. Entity Name AMERICAN ACADEMY OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY, INC.					
Principal Place of Business 211 E DAVIS BLVD DAVIS ISLANDS TAMPA, FL 33606-3728			Mailing Address 211 E DAVIS BLVD DAVIS ISLANDS TAMPA, FL 33606-3728		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 Sunnyside Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2010 Dole Human Dev. Ctr.			
City & State		City & State Lawrence KS		4. FEI Number 42-1712850	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 66045-7555		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBERTS, FRED L JR PHD 211 E DAVIS BLVD DAVIS ISLANDS TAMPA, FL 33606-3728			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ALBERTS, FRED L JR PHD STREET ADDRESS 211 E DAVIS BLVD CITY-ST-ZIP TAMPA, FL 336063728	<input type="checkbox"/> Delete		TITLE P (President) NAME Hart, Kathleen J Ph.D. STREET ADDRESS 3800 Victory Pkwy CITY-ST-ZIP Cincinnati, OH 45207-6411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HART, KATHLEEN J PHD STREET ADDRESS 3800 VICTORY PARKWAY CITY-ST-ZIP CINCINNATI, OH 452076411	<input type="checkbox"/> Delete		TITLE PD (President Designate) NAME Roberts, Michael C Ph.D. STREET ADDRESS 1000 Sunnyside Ave, Rm 2010 CITY-ST-ZIP Lawrence, KS 66045-7555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME ROBERTS, MICHAEL C PHD STREET ADDRESS 201000 SUNNYSIDE AVE CITY-ST-ZIP LAWRENCE, KS 66045	<input type="checkbox"/> Delete		TITLE ST (Secretary/Treasurer) NAME Steele, Ric G. Ph.D. STREET ADDRESS 1000 Sunnyside Ave, Rm 2011 CITY-ST-ZIP Lawrence, KS 66045-7555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE PP (Past-President) NAME Alberts, Fred L. Jr. Ph.D. STREET ADDRESS 211 E. Davis Blvd. CITY-ST-ZIP Tampa, FL 33606-3728	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ (Ric G. Steele, Ph.D.)			2/29/2008		(785-864-0550)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #