

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008964

FILED
Feb 05, 2010
Secretary of State

Entity Name: AMERICAN ACADEMY OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY, INC.

Current Principal Place of Business:

211 E DAVIS BLVD
DAVIS ISLANDS
TAMPA, FL 336063728

New Principal Place of Business:

1000 SUNNYSIDE AVENUE
2011 DOLE HUMAN DEVELOPMENT CENTER
LAWRENCE, KS 66045

Current Mailing Address:

1000 SUNNYSIDE AVE
2010 DOLE HUMAN DEN CTR
LAWRENCE, KS 660457555

New Mailing Address:

1000 SUNNYSIDE AVENUE
2011 DOLE HUMAN DEVELOPMENT CENTER
LAWRENCE, KS 66045

FEI Number: 42-1712850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTS, FRED L JR PHD
211 E DAVIS BLVD
DAVIS ISLANDS
TAMPA, FL 336063728 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: PP
Name: HART, KATHLEEN J PH.D.
Address: 3800 VICTORY PARKWAY
City-St-Zip: CINCINNATI, OH 45207

Title: P
Name: ROBERTS, MICHAEL C PHD
Address: 1000 SUNNYSIDE AVENUE, ROOM 2010
City-St-Zip: LAWRENCE, KS 66045

Title: ST
Name: STEELE, RIC G PH.D.
Address: 1000 SUNNYSIDE AVENUE, ROOM 2011
City-St-Zip: LAWRENCE, KS 66045

I hereby 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 all other like empowered.

SIGNATURE: RIC G. STEELE, PH.D.

ST

02/05/2010

Electronic Signature of Signing Officer or Director

Date