

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90051 049 ****61.25

DOCUMENT # N06889

1. Entity Name

**SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL
PSYCHOLOGISTS, INC.**



Principal Place of Business

**9350 CAMELOT DR
STE B
FORT MYERS FL 33919
US**

Mailing Address

**9350 CAMELOT DR
STE B
FORT MYERS FL 33919
US**

94059102



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2472278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUFFALA, ANN
9350 CAMELOT DR
STE B
FORT MYERS FL 33919**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BURGESS-DOLAN, LINDA**
STREET ADDRESS **200 BAL HARBOR BLVD., UNIT 522**
CITY-ST-ZIP **PUNTA GORDA ISLES FL 33950**

TITLE **D** ☒ Delete
NAME **NEEDHAM, CHRISTINE**
STREET ADDRESS **17316 PH LOX DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **DT** ☐ Delete
NAME **DUFFALA, ANN**
STREET ADDRESS **9350 CAMELOT DR, STE B**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **DP** ☐ Delete
NAME **ALLEN, CYNTHIA**
STREET ADDRESS **530 LA CARUNA CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DR** ☐ Delete
NAME **KUBLE, LARRY RUBLE**
STREET ADDRESS **2030 RIVER REACH DR., APT. 131**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete
NAME **PECORE, CHRISTIE**
STREET ADDRESS **5645 FOXLAKE DR**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **BURGESS-DOLAN, LINDA**
STREET ADDRESS **131 21 PLACIDA POINT CT.**
CITY-ST-ZIP **PLACIDA, FL 33946**

TITLE **D** ☐ Change ☒ Addition
NAME **GEGEN, LOU**
STREET ADDRESS **16 113 FLAGG POND LANE**
CITY-ST-ZIP **No. Ft. Myers, FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **ALLEN, CYNTHIA**
STREET ADDRESS **530 LA CARUNA CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DP** ☒ Change ☐ Addition
NAME **RUBLE, LARRY**
STREET ADDRESS **1308 SE 3RD ST.**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **DS** ☐ Change ☒ Addition
NAME **PEGGY HERE**
STREET ADDRESS **1308 SE 3RD ST.**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ann Duffala

ANN DUFFALA

4/19/04 (239) 481-8253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #