

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06889

FILED
Mar 24, 2010
Secretary of State

Entity Name: SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.

Current Principal Place of Business:

3534 SE 19 AVE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

3534 SE 19 AVE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-2472278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUFFALA, ANN
3534 SE 19 AVE
CAPE CORAL, FL 33904 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
Name: GILIBERTI, KIMBERLY
Address: 9086 WATER TUPELO ROAD
City-St-Zip: FORT MYERS, FL 33912 US

Title: D
Name: SMITH, LIANRO W
Address: 4230 CROMEY RD
City-St-Zip: NORTH PORT, FL 34288 US

Title: D
Name: DUFFALA, ANN
Address: 3534 SE 19 AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: DT
Name: DOESCHER HURD, HEATHER
Address: 4461 CAMINO REAL WAY
City-St-Zip: FT. MYERS, FL 33966 US

Title: DV
Name: KATZ, SHEBA
Address: 15360 BELLAMAR CIRCLE #3521
City-St-Zip: FT. MYERS, FL 33908 US

Title: DS
Name: GEGEN, LOU
Address: 16113 FLAGG POND LANE
City-St-Zip: NORTH FT. MYERS, FL 33917 US

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: ANN DUFFALA

D

03/24/2010

Electronic Signature of Signing Officer or Director

Date