

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90032 038 ****70.00

DOCUMENT # N07000009174					
1. Entity Name COUNCIL OF GRADUATE DEPARTMENTS OF PSYCHOLOGY, INC.					
Principal Place of Business 5665 PONCE DE LEON BLVD. FLIPSE BUILDING, RM 522 CORAL GABLES, FL 33146			Mailing Address 5665 PONCE DE LEON BLVD. FLIPSE BUILDING, RM 522 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202008 Chg-NP CR2E037 (12/06)	
4. FEI Number 03 0823526				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLES, A. RODNEY 5665 PONCE DE LEON BLVD. FLIPSE BUILDING, RM 522 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DC BJORK, ROBERT A 1285 FRANZ HALL BOX 951563 LOS ANGELES, CA 900951563 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATZ, MARGARET 3620 S MCCINTOCK AVE SGM 501 LOS ANGELES, CA 90089-1061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MITCHELL, M. ELLEN 3105 S DEARBORN LS 252 CHICAGO, IL 60616 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, M. ELLEN 3105 S. Dearborn LS252 CHICAGO, IL 60616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WELLES, A. RODNEY PO BOX 248185 CORAL GABLES, FL 331240751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ-HUCLES JANIS V Rm 250 Mills Godwin Bldg, ODU Norfolk, VA 23529-0267 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONCHIN, EMANUEL 4202 E FOWLER AVE PCD 4118G TAMPA, FL 336207200 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, WALLACE PO Box 70649 Johnson City, TN 37614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, DAVID J 126 HEYNE BUILDING HOUSTONABLES, TX 772045022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FRANCIS, DAVID J 126 Heyne Building, U of Houston Houston, TX 77204-5022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGBLOOM, STEVEN J 275 TATE PAGE HALL BOWLING GREEN, KY 421011030 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAGGBLOOM, STEVEN J 275 TATE PAGE HALL, U of W Kentucky Bowling Green, KY 42101-1030 <input checked="" 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: <u>A. Rodney Welles</u> <u>Treasurer</u>			4/21/08 (305) 284-2814		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		