

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07591

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE FLORIDA PSYCHOLOGICAL ASSOCIATION, INC.

Current Principal Place of Business:

408 OFFICE PLAZA DR.
TALLAHASSEE, FL 323019757 US

New Principal Place of Business:

Current Mailing Address:

408 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323019757 US

New Mailing Address:

FEI Number: 23-7017357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIETTI, CONNIE
408 OFFICE PLAZA DR.
TALLAHASSEE, FL 323019757 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: SD () Delete
Name: HIBEL, JANET
Address: 8259 N. MILITARY TRAIL, #9
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: PD () Delete
Name: FRUMKIN, BRUCE
Address: 7241 SW 63RD AVE., #203A
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: TD () Delete
Name: SPERO, MITCHELL E
Address: 7520 NW 5TH STREET, STE. 204
City-St-Zip: PLANTATION, FL 33317 US

Title: PED () Delete
Name: RICE, WARREN
Address: 4217 SW 94TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PPD () Delete
Name: KUBIAK, LARRY
Address: 408 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RICE, WARREN
Address: 4217 SW 94TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TD (X) Change () Addition
Name: MCKAY, DIANE
Address: 1845 MORRILL STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: PED (X) Change () Addition
Name: ROMANO, DAVID
Address: 1950 LEE ROAD, #217-A
City-St-Zip: WINTER PARK, FL 32789 US

Title: PPD (X) Change () Addition
Name: FRUMKIN, BRUCE
Address: 7241 SW 63RD AVENUE, #203A
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: ED () Change (X) Addition
Name: GALIETTI, CONNIE
Address: 408 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE GALIETTI

ED

04/11/2007

Electronic Signature of Signing Officer or Director

Date