

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07591

FILED
May 03, 2010
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 DR.
TALLAHASSEE, FL 323019757 US

New Mailing Address:

FEI Number: 23-7017357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALIETTI, CONNIE
408 OFFICE PLAZA DR.
TALLAHASSEE, FL 323019757 US

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
Name: RICKE, JILL
Address: 1535 KILLEARN CENTER BLVD. , SUITE D1
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PD
Name: KAZAR, DAVID
Address: 1201 FIFTH AVENUE N, #305
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: TD
Name: PORTER, ROBERT
Address: 118 W PLYMOUTH STREET
City-St-Zip: TAMPA, FL 33603 US

Title: PED
Name: SILVERMAN, WADE
Address: 1031 IVES DAIRY ROAD, SUITE 228
City-St-Zip: MIAMI, FL 33179 US

Title: PPD
Name: ROMANO, DAVID
Address: 1950 LEE ROAD, #217-A
City-St-Zip: WINTER PARK, FL 32789 US

Title: ED
Name: GALIETTI, CONNIE
Address: 408 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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: CONNIE GALIETTI

EXD

05/03/2010

Electronic Signature of Signing Officer or Director

Date