

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07591

FILED
Apr 19, 2011
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 ()

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
Name: KENNY, MAUREEN
Address: 11200 SW 8TH STREET
City-St-Zip: MIAMI, FL 33199 US

Title: PD
Name: SAMEK, WILLIAM
Address: 7241 SW 63RD AVENUE, #203-C
City-St-Zip: MIAMI, FL 33143 US

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

Title: PED
Name: MCKAY, DIANE
Address: P.O. BOX 903
City-St-Zip: TALLEVAST, FL 34270 US

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

ED

04/19/2011

Electronic Signature of Signing Officer or Director

Date