2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07591

FILED Jan 06, 2012 Secretary of State

Entity Name: THE FLORIDA PSYCHOLOGICAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

408 OFFICE PLAZA DR.

TALLAHASSEE, FL 323019757 US

Current Mailing Address: New Mailing Address:

408 OFFICE PLAZA DR. TALLAHASSEE, FL 323019757 US

FEI Number: 23-7017357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: WESTWELL, CAMELLIA
Address: 1400 BOURKE LANE
City-St-Zip: MELBOURNE, FL 32940 US

Title: PPD

Name: SAMEK, WILLIAM

Address: 7241 SW 63RD AVENUE, #203-C

City-St-Zip: MIAMI, FL 33143 US

Title: PED

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

Title: PD

Name: MCKAY, DIANE Address: P.O. BOX 903

City-St-Zip: TALLEVAST, FL 34270 US

Title: TD

Name: BLOOMFIELD, STEVE

Address: 3725 DUPONT STATION COURT S, #3 City-St-Zip: JACKSONVILLE, FL 32217 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 01/06/2012