

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008348

FILED
Jan 11, 2012
Secretary of State

Entity Name: NORTH EAST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS INC.

Current Principal Place of Business:

5027 HAVENWOOD OAKS TERRACE
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

5027 HAVENWOOD OAKS TERRACE
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 45-3118601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCHER, SUSAN F
5027 HAVENWOOD OAKS TERRACE
JACKSONVILLE, FL 32244 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: P
Name: LAWSON, HEATHER
Address: 12230 NOBLEMAN DR.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: V
Name: MATEU, EILEEN
Address: 272 WHISPER RIDGE DR.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: S
Name: CHALMERS, MIQUETA
Address: 12100 CHESTER CREEK
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T
Name: HATCHER, SUSAN
Address: 5027 HAVENWOOD OAKS TERRACE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: G
Name: NUSSBAUM, FAYE
Address: 13431 MOSSY CYPRESS DR.
City-St-Zip: JACKSONVILLE, FL 32223 US

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: SUSAN F HATCHER

T

01/11/2012

Electronic Signature of Signing Officer or Director

Date