


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 039 ****61.25

DOCUMENT # N31117	
1. Entity Name SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND RESEARCH, INC.	

Principal Place of Business 8200 SW 140TH AVENUE MIAMI, FL 33183	Mailing Address P.O. BOX 832891 MIAMI, FL 33182 US
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02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0116483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	

8. Name and Address of Current Registered Agent SELMORE, VERA B. 8200 SW 140 AVE. MIAMI, FL 33183

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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: VERA B. SELMORE Vera B. Selmore
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELMORE, VERA B. 8200 SW 140 AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLUITT, SANDRA 916 ADELPHI COURT FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELMORE, KIMBERLY A. 13 MASTERS DRIVE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WASHINGTON, MICHAEL S 8200 SW 140 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, MARC S 8200 SW 140 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AKENDE, AKENIDELE 8200 SW 140 AVENUE MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA B. SELMORE Vera B. Selmore 3-28-05 305-388-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #