

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N32108

1. Entity Name
THE AMERICAN BOARD OF SEXOLOGY, INC.



Principal Place of Business
**3203 LAWTON ROAD
SUITE 170
ORLANDO, FL 32803**

Mailing Address
**120 W. LAKE SUE AVE
WINTER PARK, FL 32789**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
90-0076651

☐ Applied For
☐ Not Applied

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EASTERLING, WILLARD B
120 W. LAKE SUE AVE.
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

8. 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

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, 2006**

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	P GRANZIG, WILLIAM 3600 E. 31ST ST. FT. LAUDERDALE, FL 33808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EASTERLING, WILLARD B 120 W. LAKE SUE AVE. WINTER PARK, FL 32289
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01/23/06-80008-023 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Willard B. Easterling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

Daytime Phone #