

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002241

FILED
Jan 28, 2012
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR PLAY THERAPY, INC.

Current Principal Place of Business:

C/O BETH ROBLES
16879 S.W. 6TH STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

C/O BETH ROBLES
16879 S.W. 6TH STREET
PEMBROKE PINES, FL 33027 UN

Current Mailing Address:

C/O BETH ROBLES
16879 S.W. 6TH STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

C/O BETH ROBLES
16879 S.W. 6TH STREET
PEMBROKE PINES, FL 33027 UN

FEI Number: 65-0488437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONET, NORMA
20300 N.W. 42 AVENUE
MIAMI GARDENS, FL 33055 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/D
Name: BONET, NORMA
Address: 20300 N.W. 42 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP/D
Name: BALLESTEROS, CARY
Address: 12651 S. DIXIE HIGHWAY, SUITE 307
City-St-Zip: MIAMI, FL 33156

Title: S/D
Name: PEREZ, ROCIO
Address: 1633 POINCIANA DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TR/D
Name: ROBLES, BETH
Address: 16879 S.W. 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

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: BETH ROBLES

MRS

01/28/2012

Electronic Signature of Signing Officer or Director

Date