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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006122 (5)

1. Corporation Name

THE FOUNDATION FOR PSYCHOANALYSIS, INC.



Principal Place of Business

Mailing Address

508 S. HABANA AVENUE  
STE. 310  
TAMPA FL 33609  
US

508 S. HABANA AVENUE  
STE. 310  
TAMPA FL 33609-4144  
US

3. Date Incorporated or Qualified  
11/07/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0543215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, GILSON M  
720 WEST BUFFALO AVENUE  
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EDGAR, JAMES R  
STREET ADDRESS 508 S. HABANA, SUITE 310  
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME EDGAR, JAMES R.  
1.3 STREET ADDRESS 508 S. HABANA, SUITE 310  
1.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE VD  
NAME FRANCIS, JOHN J  
STREET ADDRESS P.O. BOX 176  
CITY-ST-ZIP LAUREL FL 34272 ☐ DELETE

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME REESE, ELIZABETH  
2.3 STREET ADDRESS 10909 MEMORIAL HIGHWAY  
2.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE SD  
NAME NAGERA, HUMBERTO  
STREET ADDRESS 3515 E. FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL 33617 ☐ DELETE

3.1 TITLE PRESIDENT ☒ Change ☐ Addition  
3.2 NAME NAGERA, HUMBERTO  
3.3 STREET ADDRESS 3515 E. FLETCHER AVE  
3.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE TD  
NAME COLE, RICHARD  
STREET ADDRESS 509 6TH AVE., S.  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ DELETE

4.1 TITLE TREASURER ☐ Change ☒ Addition  
4.2 NAME ROBERT FERNANDEZ, ROBERT C.  
4.3 STREET ADDRESS 4830 W. Kennedy Blvd., Suite 980  
4.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE SECRETARY ☐ Change ☒ Addition  
5.2 NAME WEINER, IRVING B.  
5.3 STREET ADDRESS 3515 E. FLETCHER AVENUE  
5.4 CITY-ST-ZIP TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE HOLLAND DIRECTOR ☐ Change ☒ Addition  
6.2 NAME HOLLAND, NORMAN  
6.3 STREET ADDRESS N/A  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

4/28/97

CR2E037 (9/96)