

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005047

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: FLORIDA SANDPLAY THERAPY ASSOCIATION, INC.

## Current Principal Place of Business:

1612 BEACHWAY LANE  
ODESSA, FL 33556

## New Principal Place of Business:

215 E. BAY STREET  
LAKELAND, FL 338014983 US

## Current Mailing Address:

1612 BEACHWAY LANE  
ODESSA, FL 33556

## New Mailing Address:

2659 HANDLEY BLVD.  
LAKELAND, FL 33803 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNN-FIERSTEIN, PATRICIA  
1612 BEACHWAY LANE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

RANKIN, TRUDY C  
2659 HANDLEY BLVD.  
LAKELAND, FL 33803 US

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: TRUDY C. RANKIN

01/22/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DUNN-FIERSTEIN, PATRICIA  
Address: 1612 BEACHWAY LANE  
City-St-Zip: ODESSA, FL 33556

Title: VD ( ) Delete  
Name: FIERSTEIN, CARL  
Address: 1612 BEACHWAY LANE  
City-St-Zip: ODESSA, FL 33556

Title: ST ( ) Delete  
Name: RANKIN, TRUDY  
Address: 2659 HANDLEY BLVD.  
City-St-Zip: LAKELAND, FL 33803

Title: ST ( ) Delete  
Name: BERGMAN, CHRIS  
Address: 609 2ND ST. APT. 3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: RANKIN, TRUDY C LMHC  
Address: 2659 HANDLEY BLVD.  
City-St-Zip: LAKELAND, FL 33803

Title: VD (X) Change ( ) Addition  
Name: DUNN-FIERSTEIN, PATRICIA M LCSW  
Address: 1612 BEACHWAY LANE  
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Change ( ) Addition  
Name: HUNTER, LINDA LMHC  
Address: 2773 S. OCEAN BLVD. #502  
City-St-Zip: PALM BEACH, FL 33480

Title: ST (X) Change ( ) Addition  
Name: BERGMAN, CHRIS LMHC  
Address: 609 2ND ST. APT. 3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA DUNN-FIERSTEIN, LCSW

VD

01/22/2007

Electronic Signature of Signing Officer or Director

Date