

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 049 ****61.25

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1. Entity Name

FLORIDA SANDPLAY THERAPY ASSOCIATION, INC.



Principal Place of Business

215 E. BAY STREET
LAKELAND, FL 33801-4983 US

Mailing Address

2659 HANDLEY BLVD.
LAKELAND, FL 33803 US

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008**

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	PTD RANKIN, TRUDY C LMHC 2659 HANDLEY BLVD. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN-FIERSTEIN, PATRICIA M LCSW 1612 BEACHWAY LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNTER, LINDA LMHC 2773 S. OCEAN BLVD. #502 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGMAN, CHRIS LMHC 609 2ND ST. APT. 3 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Trudy Conny Rankin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 863-682-2810

Date

Daytime Phone #