

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005047

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA SANDPLAY THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

215 E. BAY STREET
LAKELAND, FL 338014983 US

New Principal Place of Business:

Current Mailing Address:

2659 HANDLEY BLVD.
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

VD

01/20/2009

Electronic Signature of Signing Officer or Director

Date