

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90254 040 \*\*\*\*61.25

40000535



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0996223

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BYRNE, BARBARA  
3301 DIAMOND KEY CT.  
PUNTA GORDA, FL 33955-4656

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNIZ, JOSÉ PROF UNIVERS. DE OVIEDO FACULDAD DE PSICOCOGIA 3300 OVIEDO, SPAIN, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRNE, BARBARA 3301 DIAMOND KEY CT. PUNTA GORDA, FL 339554656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRÉGOIRE, JACQUES PROF 1348 LOUVAIN-LA-NEUVE BELGIUM, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PROF. RONALD K. HAMBLETON UNIVERSITY OF MASSACHUSETTS 152 HILLS SOUTH, BOX 4140 AMHERST, MA 01003-4140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BYRNE, BARBARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BARBARA BYRNE

1/4/07

941-575-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #