FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:16

DOCUMENT # **700524** **(2)**

1. Corporation Name

CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.

Principal Place of Business	Mailing Address
710 E. BELLA VISTA LAKELAND FL 33805-3009	710 E. BELLA VISTA LAKELAND FL 33805-3009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1960
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-0939466 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RATCLIFF L GAY.
~~EXECUTIVE DIRECTOR~~ PRESIDENT
3431 CHRISTINA GROVES CIRCLE N
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PP	☒ Change ☐ Addition
NAME	JONES, JANICE	12 NAME		
STREET ADDRESS	1503 CLARENDON AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	CD	☐ Change ☒ Addition
NAME	RUTHVEN, SARA	22 NAME	George Trask	
STREET ADDRESS	310 HIBRITON WAY	23 STREET ADDRESS	304 Kenwith	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	S	31 TITLE	TD	☐ Change ☒ Addition
NAME	DAVIDSON, CAROL	32 NAME	Craig Mundy	
STREET ADDRESS	323 2. POINSETTA ST.	33 STREET ADDRESS	1090 Lightsey Ave	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VD	41 TITLE	SD	☐ Change ☒ Addition
NAME	DAMPIER, PETE	42 NAME	Roger Haar	
STREET ADDRESS	813 CARLTON STREET	43 STREET ADDRESS	228 Massachusetts Ave	
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	P	51 TITLE	VCD	☐ Change ☒ Addition
NAME	GOLENO, TERRI	52 NAME	Chris Clifford	
STREET ADDRESS	1638 COLUMBIA STREETT	53 STREET ADDRESS	2225 E. Edgewood #2	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	BOVAY, CONNIE	62 NAME	Lyonal Lindsey	
STREET ADDRESS	2402 NEWPORT AVE.	63 STREET ADDRESS	2522 Jonila Ave	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	Lakeland, FL 33803	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: R. Gay Ratcliff 6-6-95 941-686-3189
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014062