

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # 700524 (2)
1. Corporation Name
CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.

Principal Place of Business Mailing Address
710 E. BELLA VISTA 710 E. BELLA VISTA
LAKELAND FL 33805-3089 LAKELAND FL 33805-3089

3. Date Incorporated or Qualified 02/25/1960 3a. Date of Last Report 06/12/1995
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and filer's application

(NOTE: Registered Agent signature required when re-stating)

2/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PP	JONES, JANICE	1503 CLARENDON AVENUE	LAKELAND FL	☒
TD	RUTHVEN, SARA	310 HIBRITON WAY	LAKELAND FL	☒
S	DAVIDSON, CAROL	323 2. POINSETTA ST.	LAKELAND FL	☒
VD	DAMPIER, PETE	813 CARLTON STREET	PLANT CITY FL	☒
P	GOLENO, TERRI	1836 COLUMBIA STREET	LAKELAND FL	☒
D	BOVAY, CONNIE	2402 NEWPORT AVE.	LAKELAND FL	☒

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
C/D	TRASK, GEORGE	304 KENWITH	LAKELAND, FL 33813	☐	☐	☒
VC/D	MUNDY, CRAIG	PO BOX 1199 NA	LAKE WALES, FL 33859-1199	☐	☐	☒
T/D	POLAND, CARTER	517 EDGEWOOD DRIVE	LAKELAND, FL 33803	☐	☐	☒
S/D	YOUNG, CINDY	PO BOX 5383 NA	LAKELAND, FL 33802	☐	☐	☒
PC/D	JANICE JONES	PO BOX 1869 /1503 CLARENDON AVENUE	LAKELAND, FL 33802	☐	☐	☒
P	RATCLIFF, L. GAY	3431 CHRISTINA GROVES CIRCLE N.	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)(k), 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 in change or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

941-686-3189
Daytime Phone #
6125 56 3-1-96

CR2E037 (12/95)