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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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 33805-3089	710 E. BELLA VISTA LAKELAND FL 33805-3089

3. Date Incorporated or Qualified: 02/25/1960

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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.
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 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 _____ 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	CD	☐ DELETE	1.1 TITLE	PC/D	☒ Change ☐ Addition
NAME	TRASK, GEORGE		1.2 NAME	TRASK, GEORGE	
STREET ADDRESS	304 KENWITH		1.3 STREET ADDRESS	304 KENWITH ROAD	
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VCD	☐ DELETE	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	MUNDY, CRAIG		2.2 NAME	MUNDY, CRAIG	
STREET ADDRESS	P.O. BOX 1199 N/A		2.3 STREET ADDRESS	4921 SOUTHFORK DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33859-1199		2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	TD	☐ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	POLAND, CARTER		3.2 NAME	POLAND, CARTER	
STREET ADDRESS	517 EDGEWOOD DR		3.3 STREET ADDRESS	517 EDGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803		3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SD	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	YOUNG, CINDY		4.2 NAME	ABELS, BRUCE	
STREET ADDRESS	P.O BOX 5383 N/A		4.3 STREET ADDRESS	3010 SADDLECREEK ROAD	
CITY-ST-ZIP	LAKELAND FL 33802		4.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	PCD	☒ DELETE	5.1 TITLE	VC/D	☐ Change ☒ Addition
NAME	JONES, JANICE		5.2 NAME	MOORE, STEVE	
STREET ADDRESS	1503 CLARENDON DR		5.3 STREET ADDRESS	P. O. BOX 2242 N/A	
CITY-ST-ZIP	LAKELAND FL 33802		5.4 CITY-ST-ZIP	LAKELAND, FL 33806	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RATCLIFF, L. GAY		6.2 NAME		
STREET ADDRESS	3431 CHRISTINA GROVES CIR N		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: L. GAY RATCLIFF 3/17/98 (941)686-3189