

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700524** (2)
1. Corporation Name
CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.

Principal Place of Business 710 E. BELLA VISTA LAKELAND FL 33805-3089	Mailing Address 710 E. BELLA VISTA LAKELAND FL 33805-3089
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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		

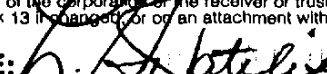
9. Name and Address of Current Registered Agent RATCLIFF L. GAY. PRESIDENT 3431 CHRISTINA GROVES CIRCLE N LAKELAND FL 33803	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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	

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 in changed or on an attachment with an address.

SIGNATURE:  L. GAY RATCLIFF 3/17/98 (941) 686-3189

CR2E037 (10/97)