

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700524

FILED
Apr 28, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA SPEECH AND HEARING CENTER, INC.

Current Principal Place of Business:

710 E. BELLA VISTA STREET
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

710 E. BELLA VISTA STREET
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-0939466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATCLIFF, L. GAY
710 E. BELLA VISTA STREET
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: RUTHVEN, JOE L
Address: 41 LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: MR
Name: RUSSELL, JIM
Address: P.O.BOX 12
City-St-Zip: LAKELAND, FL 33802

Title: MR
Name: LARSON, JON F
Address: 1401 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MR
Name: STAHL, LARRY
Address: 4901 LUCE RD.
City-St-Zip: LAKELAND, FL 33813

Title: MS
Name: EANETT, DARLENE
Address: 331 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MS
Name: RATCLIFF, L. GAY
Address: 6979 STARMOUNT DRIVE
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: L. GAY RATCLIFF

MS

04/28/2011

Electronic Signature of Signing Officer or Director

Date