2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90347 028 ****61.25

DOCUMENT # N02000000437

1. Entity Name
FLORIDA ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS, INC.

14013423

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR., #101 ALTAMONTE SPRINGS, FL 32714	222 S. WESTMONTE DR., #101 ALTAMONTE SPRINGS, FL 32714

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0151358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAUTTER, MARTINE E
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD SMITH, STACIE R 6200 SW 73RD ST. MIAMI, FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Snover, Susan 5750 Deer Tracks Trail Lakeland FL 33811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MISKIEL, LYNN W 5841 SW 51ST TERR. MIAMI, FL 331556325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FIFER, ROBERT P. O. BOX 016820 MIAMI, FL 331016820	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IPPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ-ROQUE, NATALIE 2555 S. COLLINS AVE., APT. 2300 MIAMI BCH, FL 331404755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Honickman, Janet 6407 Sand Pebble Ave Temple Terrace FL 33637	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUTTER, MARTINE E 222 S WESTMONTE DR STE 101 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martine E. Kautter Martine E. Kautter 4/28/04 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #