

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 036 ****61.25

DOCUMENT # N02000000437

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



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

Mailing Address
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

20020000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

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, 2006**

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
IPPD
SNOVER, SUSAN
5750 DEER TRACKS TRAIL
LAKELAND, FL 33811 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MISKIEL, LYNN W
5841 SW 51ST TERR.
MIAMI, FL 33156325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IPPD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
FIFER, ROBERT
P. O. BOX 016820
MIAMI, FL 331016820 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RUBIN SMITH, STACIE
6200 SW 73RD ST
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Payne, Joyce
3005 Jarvis St
Holiday FL 34690 ☒ 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
ED
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
Barimo, Joseph
1099 Chenille Cir
Weston FL 33327 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/5/06

407-774-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #