

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 027 ****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

40071413



02122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 30-0151358		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 MISKIEL, LYNN W 5841 SW 51ST TERR. MIAMI, FL 331556325	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Spyker, Tamara K. 6605 Heritage Ln Bradenton FL 34209	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	TD PAYNE, JOYCE 3005 JARVIS ST HOLIDAY, FL 34690	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED 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	PED BARIMO, JOSEPH 1099 CHENILLE CIR FORT LAUDERDALE, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martine E. Kautter

4/10/07

Date

407-774-7880

Daytime Phone #