2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N02000000437

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0151358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUTTER, MARTINE E
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete
Name: SPYKER, TAMARA K
Address: 6605 HERITAGE LANE
City-St-Zip: BRADENTON, FL 34209

Title: PED ( ) Delete
Name: SNOVER, SUSAN R
Address: 5750 DEER TRACKS TRL
City-St-Zip: LAKELAND, FL 33811

Title: TD ( ) Delete
Name: WILLIAMS, RACHEL M
Address: 6100 GRIFFIN RD
City-St-Zip: DAVIE, FL 33314

Title: ED ( ) Delete
Name: KAUTTER, MARTINE E
Address: 222 S WESTMONTE DR STE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: IPPD (X) Delete
Name: BARIMO, JOSEPH
Address: 1099 CHENILLE CIR
City-St-Zip: FORT LAUDERDALE, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change ( ) Addition
Name: SPYKER, TAMARA K
Address: 6605 HERITAGE LANE
City-St-Zip: BRADENTON, FL 34209

Title: PD (X) Change ( ) Addition
Name: SNOVER, SUSAN R
Address: 5750 DEER TRACKS TRL
City-St-Zip: LAKELAND, FL 33811

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTINE E. KAUTTER ED 03/26/2009

Electronic Signature of Signing Officer or Director — Date