

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **701577** (9)

1. Corporation Name

**FLORIDA LANGUAGE, SPEECH AND HEARING ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**335 BEARD STREET
TALLAHASSEE FL 32303**

**335 BEARD STREET
TALLAHASSEE FL 32303-6227**

3. Date Incorporated or Qualified
10/21/1960

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1615812

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, MARK
335 BEARD STREET
TALLAHASSEE FL 32303**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GOLDSMITH, CAROLE | |
| STREET ADDRESS | 110 TARPON CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CROSBY, NOEL | |
| STREET ADDRESS | 4927 SEVILLE DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |
| TITLE | PE | <input type="checkbox"/> DELETE |
| NAME | NIKJEH, DEE | |
| STREET ADDRESS | 3545 LANDMARK TRAIL | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GUILFORD, LYNN | |
| STREET ADDRESS | 1202 E. PALM AVE. | |
| CITY-ST-ZIP | TAMPA FL 33605 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HARRISON, MELINDA | |
| STREET ADDRESS | 3437 SILCVER MEADOW WAY | |
| CITY-ST-ZIP | PLANT CITY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RAHE, FRED | |
| STREET ADDRESS | 201 NW 82ND AVENUE, #406 | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | PE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | de la Paz, Alina | |
| 5.3 STREET ADDRESS | 8100 SW 81st Drive #240 | |
| 5.4 CITY-ST-ZIP | Miami, FL 33143 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Straus, Denise | |
| 6.3 STREET ADDRESS | 1980 W Pointe Circle | |
| 6.4 CITY-ST-ZIP | Orlando, FL 32835 | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Dee Nikje
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

Daytime Phone #0007507

CR2E037 (9/96)