

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #**

1. Corporation Name

**Florida Association of Speech-Language Pathologists and Audiologists**

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10/60

4. FEI Number

59-1615812

Applied For

Not Applicable

2. Principal Place of Business

21 335 Beard St.

Suite, Apt. #, etc.

22

City & State  
Tallahassee, FL

Zip Country

24 32303

25 USA

2a. Mailing Address

26 335 Beard St.

Suite, Apt. #, etc.

27

City & State  
Tallahassee, FL

Zip Country

29 32303

30 USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Robert C. Harris

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

335 Beard St.

83

84 City

Tallahassee

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Robert C. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
Alina de la Paz  
STREET ADDRESS 8100 SW 81st Dr. #240  
CITY-ST-ZIP Miami, FL 33143

TITLE ☐ DELETE

NAME T  
Jane Busbee  
STREET ADDRESS 520 Selkirk Dr.  
CITY-ST-ZIP Winter Park, FL

TITLE ☐ DELETE

NAME D  
Joseph D. Langhans  
STREET ADDRESS PO Box 5005 N/A  
CITY-ST-ZIP Bay Pines, FL

TITLE ☐ DELETE

NAME D  
Denise Straus  
STREET ADDRESS 1980 Westpointe Circle  
CITY-ST-ZIP Orlando, FL

TITLE ☐ DELETE

NAME D  
Mark J. Witkind  
STREET ADDRESS 3211 W. Swann Ave.  
CITY-ST-ZIP Tampa, FL

TITLE ☐ DELETE

NAME D  
Bonnie Boger  
STREET ADDRESS 4850 Mariner's Pointe Dr.  
CITY-ST-ZIP Jacksonville, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002494672

-04/21/98--01022--007

\*\*\*\$1.25

14. 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 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: *Alina de la Paz* Alina de la Paz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-98 (305) 279-2428

Date

Daytime Phone #

CR2E037 (10/97)