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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90039 010 \*\*\*\*61.25

000774

DOCUMENT # 701577

1. Corporation Name

FLORIDA LANGUAGE, SPEECH AND HEARING ASSOCIATION  
, INC.

Principal Place of Business

335 BEARD STREET  
TALLAHASSEE FL 32303

Mailing Address

335 BEARD STREET  
TALLAHASSEE FL 32303



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/21/1960

4. FEI Number

59-1615812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, ROBERT C  
335 BEARD STREET  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

TITLE P  
NAME DE LA PAX, ALINA  
STREET ADDRESS 8100 SW 81ST DR. #240  
CITY-ST-ZIP MIAMI FL 33143

☐ DELETE

TITLE T  
NAME BUSBEE, JANE  
STREET ADDRESS 520 SELKIRK DR.  
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE D  
NAME LANGHANS, JOSEPH D  
STREET ADDRESS P.O. BOX 5005 N/A  
CITY-ST-ZIP BAY PINES FL

☐ DELETE

TITLE D  
NAME STRAUS, DENISE  
STREET ADDRESS 1980 WESTPOINTE CIRCLE  
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D  
NAME WITKIND, MARK J  
STREET ADDRESS 3211 W. SWANN AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME BOGER, BONNIE  
STREET ADDRESS 4850 MARINER'S POINTE DR.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DeLa Paz, Alina  
1.3 STREET ADDRESS 8100 SW 81st Dr., #240  
1.4 CITY-ST-ZIP Miami, FL

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE P  
3.2 NAME Langhans, Joseph  
3.3 STREET ADDRESS 14077 80th Avenue, N.  
3.4 CITY-ST-ZIP Seminole, FL

☒ Change ☐ Addition

4.1 TITLE D  
4.2 NAME Victor, Shelley  
4.3 STREET ADDRESS 213 NW 123rd Way  
4.4 CITY-ST-ZIP Coral Springs, FL

☒ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE D  
6.2 NAME Boger, Bonnie  
6.3 STREET ADDRESS 40 Orange Street  
6.4 CITY-ST-ZIP St. Augustine, FL

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)