

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703859** (9)

1. Corporation Name

SPEECH AND HEARING CENTER INC



Principal Place of Business 1128 LAURA STREET JACKSONVILLE FL 32206-4912	Mailing Address 1128 LAURA STREET JACKSONVILLE FL 32206-4912
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3. Date Incorporated or Qualified 04/09/1962	
4. FEI Number 59-0970718	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WATTS, ROBERT W 1128 LAURA ST JACKSONVILLE FL 32206	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MACK, HAZEL M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD JERRY MACKOUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1423 SAN AMARO RD.	1.2 NAME	3425 MAIN ST
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	JACKSONVILLE FL 32206
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD DOWELL, RUFUS C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD VIC MURRAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4209 UNIVERSITY BLVD. S.	2.2 NAME	10605 ARNOLD RD
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	JACKSONVILLE, FL 32218
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BURROUGHS, LEN <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	932 INGLESIDE AVE.	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WRIGHT, EDYTHE H <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD EDYTHE WRIGHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 DOLPHIN BLVD	4.2 NAME	48 SAILFISH DRIVE
STREET ADDRESS	PONTE VEDRA BCH FL	4.3 STREET ADDRESS	PONTE VEDRA BCH, FL 32082
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 a trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE *[Signature]* **ET-154 (9/98) 3155-221**

CR2E037 (10/97)