2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# 703859

Entity Name: JACKSONVILLE SPEECH AND HEARING CENTER, INC.

Current Principal Place of Business:

1128 LAURA STREET
JACKSONVILLE, FL 322064912 US

New Principal Place of Business:

Current Mailing Address:

1128 LAURA STREET
JACKSONVILLE, FL 322064912

New Mailing Address:

FEI Number: 59-0970718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUSSER, DAWN
1128 LAURA ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

NOZZA, ROBERT J
1128 LAURA ST
JACKSONVILLE, FL 32206 US

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: ROBERT J. NOZZA 04/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BROOKE, ELIZABETH
Address: 8637 SOUTHERN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: C ( ) Delete
Name: FRASER, MARTHA
Address: 13110 EBBTIDE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete
Name: FONDA, BLAIR
Address: 974 RAVINE RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete
Name: SHEA, CHRISTOPHER
Address: 116 PINE STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: SLATER, THOMAS F
Address: 4604 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: C-E (X) Change ( ) Addition
Name: FRASER, MARTHA
Address: 13110 EBBTIDE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: IPC (X) Change ( ) Addition
Name: FONDA, BLAIR
Address: 974 RAVINE RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: T (X) Change ( ) Addition
Name: WEEKS, ROBERT J
Address: 2703 SHADE TREE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: S ( ) Change (X) Addition
Name: JACKSON, BEVERLY
Address: 5810 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F. SLATER C 04/03/2007
Electronic Signature of Signing Officer or Director Date