

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713464 (6)

1. Corporation Name

FLORIDA ORAL EDUCATION FOR THE HEARING IMPAIRED,
INC., A STATE

Principal Place of Business

Mailing Address

9132 FRYLAND RD
ORLANDO FL 32817

9132 FRYLAND RD
ORLANDO FL 32817



3. Date Incorporated or Qualified

09/13/1967

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2126665

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

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

GAY, FREIDA S
9132 FRYLAND RD
ORLANDO FL 32817

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, ROBERTA	
STREET ADDRESS	3757 S ATLANTIC AVE #104	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAY, FREIDA S	
STREET ADDRESS	9132 FRYLAND RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARDANDREA, IRENE	
STREET ADDRESS	43 RICE AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASSELL, MARYANN	
STREET ADDRESS	104 PERRY AVE.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMMONS, KAY	
STREET ADDRESS	806 HASTINGS DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASCIET, MONIQUE	
STREET ADDRESS	5151 KING AVE	
CITY-ST-ZIP	ZELLWOOD FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURIE GAYLORD	
1.3 STREET ADDRESS	19110 Fox Landing Dr	
1.4 CITY-ST-ZIP	BOCA RATON FL 33434	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAWRENCE Roberta	
2.3 STREET ADDRESS	1639 S. Adelle	
2.4 CITY-ST-ZIP	DELAND FL 32720	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONIQUE MASCIET	
3.3 STREET ADDRESS	5151 King Ave.	
3.4 CITY-ST-ZIP	Zellwood FL 32798-882	
4.1 TITLE	NARDANDREA Janice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	733 NW 4 Terrace	
4.3 STREET ADDRESS	Deerfield Beach FL 33442	
4.4 CITY-ST-ZIP		
5.1 TITLE	LATOPOLSKI Debbie	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1006 Country Brook Road	
5.3 STREET ADDRESS	Boca Raton FL 33428	
5.4 CITY-ST-ZIP		
6.1 TITLE	GAY Frieda	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	9132 Fryland Rd	
6.3 STREET ADDRESS	ORLANDO FL 32817	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Monique Masciet M. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monique Masciet

3/15/96

Date

407-886-0807

Daytime Phone #

CR2E037 (12/95)