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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 9132 FRYLAND RD, ORLANDO FL 32817
Mailing Address: 9132 FRYLAND RD, ORLANDO FL 32817-1735

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/13/1967	03/19/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2126665	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GAY, FREIDA S
9132 FRYLAND RD
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	LAWRENCE, ROBERTA	1.2 NAME	PD - Pres./Director
STREET ADDRESS	3757 S ATLANTIC AVE #104	1.3 STREET ADDRESS	GAYLORD LAURIE
CITY-ST-ZIP	DAYTONA BCH SHORES FL	1.4 CITY-ST-ZIP	9244 SE MYSTIC OVE TERRACE HOBE SOUND, FL 33455
TITLE	VP	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	LAWRENCE, ROBERTA	2.2 NAME	TD
STREET ADDRESS	1639 S ADELLE	2.3 STREET ADDRESS	3757 S. ATLANTIC AVE. #104
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32127
TITLE	T	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MASCLET, ONIQUE	3.2 NAME	VP
STREET ADDRESS	5151 KING AVENUE	3.3 STREET ADDRESS	SMITH, DAVID
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	918 Shore Acres Dr. Leesburg, FL 34748-9269
TITLE	PD	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	CASSELL, MARYANN	4.2 NAME	SD - Sec./Director
STREET ADDRESS	104 PERRY AVE.	4.3 STREET ADDRESS	ALLEN, SUSIE
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	2889 Evercham Place JACKSMILLE, FL 32217
TITLE	SD	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SIMMONS, KAY	5.2 NAME	S
STREET ADDRESS	806 HASTINGS DR	5.3 STREET ADDRESS	Nardandrea, JANICE
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	733 NW 4th Terrace Deerfield Bch, FL 33442-7349
TITLE	D	6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MASCLET, MONIQUE	6.2 NAME	D
STREET ADDRESS	5151 KING AVE	6.3 STREET ADDRESS	Goss, SUSAN
CITY-ST-ZIP	ZELLWOOD FL	6.4 CITY-ST-ZIP	5712 NE 17th Ave. Ft. Lauderdale, FL 33334-5931

14. I do 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 _____

CR2E037 (9/96)