

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90045 049 ****61.25

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DOCUMENT # 713464

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

P.O. BOX 533035
ORLANDO FL 32853
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/13/1967

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

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

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 PD ☒ DELETE

NAME GAYLORD, LAURIE
STREET ADDRESS 9244 SE MYSTIC COVE TERRACE
CITY-ST-ZIP HOBE SOUND FL

TITLE TD ☐ DELETE

NAME OTTO, BETH
STREET ADDRESS 2330 MONTANA ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE VP ☒ DELETE

NAME SMITH, DAVID
STREET ADDRESS 918 SHORE ACRES DR
CITY-ST-ZIP LEESBURG FL

TITLE VP ☒ DELETE

NAME HAMLIN, LONDON
STREET ADDRESS 656 S CHRISTINA AVE
CITY-ST-ZIP APOPKA FL 32703

TITLE S ☐ DELETE

NAME NARDANDREA, JANICE
STREET ADDRESS 733 NW 41 TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☒ DELETE

NAME GOSS, SUSAN
STREET ADDRESS 5712 NE 17TH AVE
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Payne, Sherra
1.3 STREET ADDRESS 4002 Buchanan St
1.4 CITY-ST-ZIP Hollywood, FL 33021

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Stark, Suzanne
3.3 STREET ADDRESS 5810 Dixie Belle Rd.
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D Frieder, Gay
6.3 STREET ADDRESS 9132 Fryland Rd.
6.4 CITY-ST-ZIP Orlando FL 32817

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (407) 896-3029
Date Daytime Phone #

CR2E037 (11/98)