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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **727431** (9)
1. Corporation Name
AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Principal Place of Business Mailing Address
**AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611
US** **AAPS P.O. BOX 14095
UNIVERSITY STATION
GAINESVILLE FL 32604
US**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1973** 3a. Date of Last Report **02/07/1994**

4. FEI Number **NOT APPLICABLE** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BROWN, WILLIAM S JR
AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FOLKINS, JOHN
STREET ADDRESS	UNIVERSITY OF IOWA
CITY - ST - ZIP	IOWA CITY IO
TITLE	VD
NAME	ORLIKOFF, ROBERT
STREET ADDRESS	MEMPHIS STATE UNIVERSITY
CITY - ST - ZIP	MEMPHIS TN
TITLE	D
NAME	STAHOPOULOUS, ELAINE
STREET ADDRESS	STATE UNIVERSITY OF NEW YORK
CITY - ST - ZIP	BUFFALO NY
TITLE	D
NAME	FOLKINS, JOHN Rudolf Weiss
STREET ADDRESS	100 UNIV. of Western Washington
CITY - ST - ZIP	BATON ROUGE LA Bellingham, WA
TITLE	SD
NAME	BROWN, W S, JR
STREET ADDRESS	UNIVERSITY OF FLA
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	D
NAME	OHDE, RALPH
STREET ADDRESS	VANDERBILT UNIVERSITY
CITY - ST - ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. On an attachment with an address.

SIGNATURE: *William S. Brown, Jr.* **William S. BROWN, JR.** 4/24/95 (904) 392-2034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE