


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90062 030 \*\*\*\*61.25

<b>DOCUMENT # 727431</b>					
1. Entity Name <b>AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.</b>					
Principal Place of Business <b>AAPS 63 DAUER HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611 US</b>			Mailing Address <b>AAPS P.O. BOX 14095 UNIVERSITY STATION GAINESVILLE, FL 32604 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, WILLIAM S JR AAPS 63 DAUER HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASHIE, JAMES		NAME	MCGUIRE, RICHARD	
STREET ADDRESS	GALLAUDET UNIVERSITY		STREET ADDRESS	ST. LOUIS UNIVERSITY	
CITY-ST-ZIP	TUCSON, AR		CITY-ST-ZIP	ST. LOUIS, MO	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, RICHARD		NAME	HUNTLEY-BAHR, RUTH	
STREET ADDRESS	UNIV. OF NORTHER IOWA		STREET ADDRESS	UNIV. OF SOUTH FLORIDA	
CITY-ST-ZIP	CEDAR FALLS,, IA		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, RONALD		NAME		
STREET ADDRESS	BOWLING GREEN UNIV		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, OH		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<del>BROWN, ALADDY</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY-BAHR, RUTH		NAME	SOLOMON, NANCY	
STREET ADDRESS	UNIV. OF SOUTH FLORIDA		STREET ADDRESS	WALTER REED MED CENTER	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	WASHINGTON, DC	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, W S, JR		NAME		
STREET ADDRESS	UNIVERSITY OF FLA		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RICHARD		NAME		
STREET ADDRESS	FLORIDA STATE UNIVERSITY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William S. Brown, Jr.</u> 4/16/04 352-392-2034					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					