

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90108 018 ****61.25

DOCUMENT # 727431

1. Entity Name
**AMERICAN ASSOCIATION OF PHONETIC SCIENCES,
INC.**



Principal Place of Business
**AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US**

Mailing Address
**AAPS P.O. BOX 14095
UNIVERSITY STATION
GAINESVILLE, FL 32604 US**

50050664



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM S JR
AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGUIRE, RICHARD
STREET ADDRESS	ST. LOUIS UNIVERSITY
CITY-ST-ZIP	ST. LOUIS, MO
TITLE	VP
NAME	HUNTLEY-BAHR, RUTH
STREET ADDRESS	UNIVERSITY OF SOUTH FLORIDA
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	SCHERER, RONALD
STREET ADDRESS	BOWLING GREEN UNIV
CITY-ST-ZIP	BOWLING GREEN, OH
TITLE	D
NAME	SOLOMON, NANCY
STREET ADDRESS	WATERREED MED CENTER
CITY-ST-ZIP	WASHINGTON, DC
TITLE	SD
NAME	BROWN, W S, JR
STREET ADDRESS	UNIVERSITY OF FLA
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	D
NAME	MORRIS, RICHARD
STREET ADDRESS	FLORIDA STATE UNIVERSITY
CITY-ST-ZIP	TALLAHASSEE, FL

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IN THIS SPACE**

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.S. BROWN, JR

April 28, 2005

Date

Daytime Phone #