

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90082 017 \*\*\*\*70.00

0079198

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 738765**

1. Corporation Name

**THE SPEECH AND HEARING CENTER OF FORT WALTON BEACH, INC.**

Principal Place of Business  
220 EGLIN PKWY., S.E. #6  
FT. WALTON BCH FL 32548

Mailing Address  
220 EGLIN PKWY., S.E. #6  
FT. WALTON BCH FL 32548



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/20/1977 4. FEI Number 59-1318543 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

9. Name and Address of Current Registered Agent

**GRIMSLEY, JAMES W.  
25 WALTER MARTIN DRIVE  
FT. WALTON BCH FL 32548**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BATTLE, GLORIA	1.2 NAME	
STREET ADDRESS	2392 PLACID DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	REEDER, LARRY	2.2 NAME	
STREET ADDRESS	54 BEAL PARYWAY NW.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	JAY, STEVE	3.2 NAME	
STREET ADDRESS	1234 AIRPORT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HAWLEY, LORI K	4.2 NAME	
STREET ADDRESS	220 ELGIN WAY SE STE 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	VAN BERGEN, JEAN	5.2 NAME	
STREET ADDRESS	2809 BEN HOGAN CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

850 243-8741

Date

Daytime Phone #

CR2E037 (11/98)