

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762673

FILED
Apr 13, 2006
Secretary of State

Entity Name: SERTOMA SPEECH & HEARING FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

4443 ROWAN RD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

4443 ROWAN RD
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-2182519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCART, CRAIG
4443 ROWAN RD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: JULIAN, MARY
Address: 6337 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL

Title: T () Delete
Name: KENDE, THOMAS L
Address: 9220 ROBON PEST DRIVE
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: THOMPSON, STEVEN
Address: 6118 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VC/D () Delete
Name: DAVIS, DORENE
Address: 5110 PLANTATION DR
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: BADLEY, MILZA
Address: 5442 CARLTON ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KEHOE, THOMAS L
Address: 9220 ROBIN NEST DRIVE
City-St-Zip: HUDSON, FL 34669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BARLEY, MILZA
Address: 5442 CARLTON ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG MCCART

EXD

04/13/2006

Electronic Signature of Signing Officer or Director

Date