

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762673

FILED  
Apr 08, 2008  
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: MILLER, J. SCOTT  
Address: 6250 DELAWARE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: NELSON, DALE  
Address: 18440 WAYNE ROAD  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: TIPTON, DAN  
Address: 7506 ASTOR DR.  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

ED

04/08/2008

Electronic Signature of Signing Officer or Director

Date