

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90054 039 ****61.25

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1. Entity Name
FLORIDA ASSOCIATION OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS, INC.



Principal Place of Business
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

Mailing Address
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
30-0151358

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUTTER, MARTINE E
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PED ☐ Delete
NAME SPYKER, TAMARA K
STREET ADDRESS 6605 HERITAGE LANE
CITY-ST-ZIP BRADENTON, FL 34209

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE IPPD ☒ Delete
NAME FIFER, ROBERT
STREET ADDRESS P. O. BOX 016820
CITY-ST-ZIP MIAMI, FL 331016820

TITLE PED ☐ Change ☒ Addition
NAME Snover, Susan R.
STREET ADDRESS 5750 Deer Tracks Trl
CITY-ST-ZIP Lakeland FL 33811

TITLE TD ☐ Delete
NAME PAYNE, JOYCE
STREET ADDRESS 3005 JARVIS ST
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☒ Change ☐ Addition
NAME Williams, Rachel M
STREET ADDRESS 6100 Griffin Road
CITY-ST-ZIP Davie FL 33314

TITLE ED ☐ Delete
NAME KAUTTER, MARTINE E
STREET ADDRESS 222 S WESTMONTE DR STE 101
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BARIMO, JOSEPH
STREET ADDRESS 1099 CHENILLE CIR
CITY-ST-ZIP FORT LAUDERDALE, FL 33327

TITLE IPPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Martine E. Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/08
407-774-7880

Daytime Phone #