


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N19003			
1. Entity Name FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.			
Principal Place of Business 3709 W. HAMILTON AVE SUITE 2 TAMPA FL 33614-4015		Mailing Address 3709 W. HAMILTON AVE SUITE 2 TAMPA FL 33614-4015	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARTH, JEANNE M 3709 W. HAMILTON AVE STE. 2 TAMPA FL 33614-4015		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
4. FEI Number 59-2770518 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			



1st MOORE CR2E037 (10/05)

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HALL, BETH 6094 GLENDALE DRIVE BOCA RATON FL 33433	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D BARTH, JEANNE M 3709 W. HAMILTON AVE STE. 2 TAMPA FL 33614-4015	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D KRAMER, CHERYL 129 VIA HAVARRE MERRITT ISLAND FL 34953	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D SHYLAK, JODI 1500 PALM BEACH ROAD STUART FL 34994	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D COHEN, GAYLE 4105 N. 49TH AVENUE HOLLYWOOD FL 33021	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeanne M Barth* *Jeanne M Barth* 5/5/06 813-53-99