

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48633** (4)

1. Corporation Name

EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

611 64TH AVE.
ST. PETERSBURG BCH. FL 33706

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ST. PETERSBURG BCH. FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

87-0474198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAHTER, J. RICHARD
6670 FIRST AVE. SOUTH
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADKINS, TAMMIE
STREET ADDRESS	P.O. BOX 56 N/A
CITY - ST - ZIP	INDIANOLA IA 50125
TITLE	PD
NAME	VON ALMEN, PEGGY
STREET ADDRESS	UTAH STATE UNIVERSITY
CITY - ST - ZIP	LOGAN UT 00
TITLE	PD
NAME	ALLEN, LAURIE
STREET ADDRESS	99 CAMBRIDGE CT
CITY - ST - ZIP	DUBUQUE IA
TITLE	CD
NAME	ENGLISH, KRIS
STREET ADDRESS	UNIVERSITY OF PITTSBURGH
CITY - ST - ZIP	PITTSBURGH PA
TITLE	CD
NAME	ANDERSON, KAREN
STREET ADDRESS	15610 121ST AVE. CT. E.
CITY - ST - ZIP	PUYALLUP WA
TITLE	CD
NAME	JOHNSON, CHERYL D
STREET ADDRESS	2109 44TH AVE.
CITY - ST - ZIP	GREELEY CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President PD	☒ Change ☐ Addition
12 NAME	Laurie Allen	
13 STREET ADDRESS	99 Cambridge Court	
14 CITY - ST - ZIP	Dubuque, Iowa 52001-5608	
21 TITLE	Resident Elect PD	☒ Change ☐ Addition
22 NAME	Karen Anderson	
23 STREET ADDRESS	15610 121st. Ave Ct. E.	
24 CITY - ST - ZIP	Puyallup, Wa 98374	
31 TITLE	Past President PD	☒ Change ☐ Addition
32 NAME	Peggy Von Almen Benson	
33 STREET ADDRESS	10000 Carrington Place	
34 CITY - ST - ZIP	Manassas, VA 22110	
41 TITLE	Secretary SD	☒ Change ☐ Addition
42 NAME	Bea Redmond	
43 STREET ADDRESS	5957 Brown Bark Drive	
44 CITY - ST - ZIP	Orlando, FL 32822	
51 TITLE	Membership Chair CD	☒ Change ☐ Addition
52 NAME	Therese White	
53 STREET ADDRESS	3245 Richmond	
54 CITY - ST - ZIP	Shoreview, MN 55126	
61 TITLE	Newsletter Editor CD	☒ Change ☐ Addition
62 NAME	Tammie Adkins	
63 STREET ADDRESS	100 N. Osceola	
64 CITY - ST - ZIP	Osceola, Iowa 50213-1348	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia E. Blake-Rahler, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia E. Blake-Rahler, Treasurer

4/29/95

DATE

813.974.9834

TELEPHONE NO.