

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

Mailing Address

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

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21
Suite, Apt. #, etc

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

87-0474198

Applied For

☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24
Zip

25
Country

29
Zip

30
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **LOIS KOSTROSKI**

82 Street Address (P.O. Box Number is Not Acceptable)
4319 EARLICH RD.

83

84 City **TAMPA**

FL

85 Zip Code **33624**

11. Pursuant to the provisions of Sections 617.0532 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent Signature required when "Terming")

3/28/96

12. OFFICERS AND DIRECTORS

TITLE	DPD	<input type="checkbox"/> DELETE
NAME	ALLEN, LAURIE	
STREET ADDRESS	99 CAMBRIDGE COURT	
CITY - ST - ZIP	DUBUQUE IO	
TITLE	PEPD	<input type="checkbox"/> DELETE
NAME	ANDERSON, KAREN	
STREET ADDRESS	15610 121ST AVE CT E	
CITY - ST - ZIP	PUYALLUP WA	
TITLE	PPPD	<input type="checkbox"/> DELETE
NAME	BENSON, PEGGY V	
STREET ADDRESS	10000 CARRINGTON PLACE	
CITY - ST - ZIP	MANASSAS VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REDMOND, BEA	
STREET ADDRESS	5957 BROWN BARK DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHITE, THERESE	
STREET ADDRESS	3245 RICHMOND	
CITY - ST - ZIP	SHOREVIEW MN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ADKINS, TAMMIE	
STREET ADDRESS	100 N OSCEOLA	
CITY - ST - ZIP	OSCEOLA IO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KAREN ANDERSON	
13 STREET ADDRESS	15610 121ST AVE. CT. E.	
14 CITY - ST - ZIP	PUYALLUP, WA 98374	
21 TITLE	RED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KRIS ENGLISH	
23 STREET ADDRESS	2406 MARYLAND DR.	
24 CITY - ST - ZIP	PITTSBURGH, PA 15241	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BEA REDMOND	
33 STREET ADDRESS	3625 CRESCENT PARK BLVD.	
34 CITY - ST - ZIP	ORLANDO, FL 32812	
41 TITLE	FMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PATRICIA BLAKE - RAHTER	
43 STREET ADDRESS	611 64TH AVENUE	
44 CITY - ST - ZIP	ST. PETERSBURG BEACH, FL 33706	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

968-4364
Date: Daytime Phone #

CR2E037 (12/95)