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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 BEACH FL 33706		Mailing Address 611 64TH AVE. ST. PETERSBURG BEACH FL 33706-2107	
2. Principal Place of Business 21 4319 EARLICH RD Suite, Apt. #, etc.		2a. Mailing Address 26 4319 EARLICH RD Suite, Apt. #, etc.	
22 City & State TAMPA FL		27 City & State TAMPA FL	
23 Zip 33624 Country USA		28 Zip 33624 Country USA	
24 33624 25 USA		29 33624 30 USA	
9. Name and Address of Current Registered Agent KOSTROSKI, LOIS 4319 EARLICH ROAD EARLICH TAMPA FL 33624		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 617.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FMD BLAKE-RAHTER, PATRICIA 611 64TH AVENUE ST. PETERSBURG BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, KAREN 15610 121ST AVE CT E PUYALLUP WA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ANDERSON, KAREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED ENGLISH, KRIS 2406 MARYLAND DRIVE PITTSBURGH PA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PD ENGLISH, KRIS 441 MOORE HALL MT PLEASANT MI 48859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD REDMOND, BEA 3625 CRESCENT PARK BLVD ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S/T D BEA REDMOND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WHITE, THERESE 3245 RICHMOND SHOREVIEW MN	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	PED JOE SPALDINO 313 WEST BOURNE RD. WATERLOO IA 50701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ADKINS, TAMMIE 100 N OSCEOLA OSCEOLA IO	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/15/97 Daytime Phone # 813/968-4364	

CR2E037 (9/96)