


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48633** (4)
1. Corporation Name
EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.



Principal Place of Business 4319 EHRlich RD. TAMPA FL 33624 US	Mailing Address 4319 EHRlich RD. TAMPA FL 33624 US
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3. Date incorporated or Qualified 04/30/1992	Applied For 87-0474198
4. FEI Number	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KOSTROSKI, LOIS
4319 EARLICH ROAD
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	
TITLE	<input type="checkbox"/> DELETE
NAME	SMALDINO, JOE
STREET ADDRESS	840 WESTBERRY RD
CITY - ST - ZIP	WATERLOO IA
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ANDERSON, KAREN
STREET ADDRESS	15810 121ST AVE CT E
CITY - ST - ZIP	PUYALLUP WA
TITLE	<input type="checkbox"/> DELETE
NAME	ENGLISH, KRIS
STREET ADDRESS	441 MOORE HALL
CITY - ST - ZIP	MT. PLEASANT MI 48859
TITLE	<input type="checkbox"/> DELETE
NAME	STD REDMOND, BEA
STREET ADDRESS	3625 CRESCENT PARK BLVD
CITY - ST - ZIP	ORLANDO FL 32812
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMALDINO JOE
1.3 STREET ADDRESS	2329 MINNETONKA DR
1.4 CITY - ST - ZIP	CEDAR FALLS IA 50513
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORTIMER, KATHY
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA MURRAY
4.3 STREET ADDRESS	2 N. EVANSTON
4.4 CITY - ST - ZIP	ARLINGTON HEIGHTS IL 60004
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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: _____ DATE: **2/10/98** **813/968-7644**

CR2E037 (10/97)