

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90032 002 ****61.25

DOCUMENT # N48633

1. Corporation Name

EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.

Principal Place of Business

4319 EHRUCH RD.
TAMPA FL 33624
US

Mailing Address

4319 EHRUCH RD.
TAMPA FL 33624
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

04/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

87-0474198

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSTROSKI, LOIS
4319 EARLICH ROAD
TAMPA FL 33624

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 D ☒ DELETE
NAME SMALDINO, JOE
STREET ADDRESS 2329 MINNETONKA DR
CITY-ST-ZIP CEDAR FALL IA 50513

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ENGLISH, KRIS
STREET ADDRESS 441 MOORE HALL
CITY-ST-ZIP MT. PLEASANT MI 48859

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ROSENBERG, GAIL
2.3 STREET ADDRESS 1705 Wharf Road
2.4 CITY-ST-ZIP Sarasota FL 34231

TITLE D ☐ DELETE
NAME MURRAY, BARBARA
STREET ADDRESS 2 N EVANSTON
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60004

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MURPHY, BARBARA
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Same

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME REDMOND, BEA
4.3 STREET ADDRESS 3625 Crescent Park Blvd
4.4 CITY-ST-ZIP Orlando FL 32812

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS M. Kostroski 4/12/99 813/968-2644

Date

Daytime Phone #

CR2E037 (11/98)