## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48633

FILED Apr 23, 2004 Secretary of State

Entity Name: EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.

Current F	Principal Place	of Business:	New Princ	ipal Place of Business:
13153 N. [ SUITE 10	DALE MABRY			
TAMPA, F		3		
Current M	Mailing Addres	ss:	New Maili	ng Address:
13153 N. I	DALE MABRY			
SUITE 109 TAMPA, F		3		
•	r: 87-0474198	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
	SKI, LOIS RLICH ROAD FL 33624 US	3	SUITE 105	ALE MABRY
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or b
SIGNATU	IRE:			04/23/2004
w \ \ O				04/20/2004
2.017/110		nic Signature of Registered Ag	ent	Date
	Electron	TORS:  Delete A NT PARK BLVD		Date
DFFICER  Title:  lame:  laddress:  City-St-Zip:  Title:  lame:  laddress:	Electron  S AND DIREC  D ( )  REDMOND, BE 3625 CRESCEI  ORLANDO, FL	TORS: Delete ANT PARK BLVD 32812 Delete RISTINE /E LANE	ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIREC
OFFICER Fitle: Name: Address:	Electron  S AND DIREC  D ()  REDMOND, BE 3625 CRESCEI  ORLANDO, FL  D ()  JAKUBEC, CHE 540 FOR GLOV  BARRINGTON,	TORS:  Delete A NT PARK BLVD 32812  Delete RISTINE /E LANE IL 60010  Delete Y ANN L LAND	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  S/CHANGES TO OFFICERS AND DIREC  ( ) Change ( ) Addition  D (X) Change ( ) Addition  KNITTEL, MARY ANN 452 W. WOODLAND

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEA REDMOND D 04/23/2004