

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90189 043 *****61.25

DOCUMENT # N48633

1. Entity Name

EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.



Principal Place of Business

~~4019 EHRICH RD.~~
~~TAMPA FL 33624~~
~~US~~

Mailing Address

~~4319 EHRICH RD.~~
~~TAMPA FL 33624~~
~~US~~

2. Principal Place of Business

13153 N. Dale Mabry
Suite, Apt. #, etc.
Suite 105

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Same

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number **87-0474198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSTROSKI, LOIS
4319 EHRICH ROAD
TAMPA FL 33624

13153 N. Dale Mabry
Suite 105
Tampa, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **WHITAKER, MARY**
STREET ADDRESS **240 E. MAPLE**
CITY-ST-ZIP **POCATELLO ID 83201**

TITLE **D** ☐ Delete
NAME **REDMOND, BEA**
STREET ADDRESS **3625 CRESCENT PARK BLVD**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Delete
NAME **LIPSCOMB, MARSHA**
STREET ADDRESS **2477 CORDWOOD DRIVE**
CITY-ST-ZIP **DECATUR GA 30033**

TITLE **D** ☐ Delete
NAME **JAKUBEC, CHRISTINE**
STREET ADDRESS **540 FOR GLOVE LANE**
CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Mary Ann Lyon Knittel**
STREET ADDRESS **452 W. Woodland**
CITY-ST-ZIP **Ferndale, MI 48220**

TITLE **D** ☐ Change ☒ Addition
NAME **Marsha clay**
STREET ADDRESS **2877 Carnegie Way**
CITY-ST-ZIP **Maricopa, AZ 85138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NOT RECORDED

4/7/03 *813*
968-2644

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CR2E037 (10/02)