

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


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

0044653

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

DOCUMENT # N48633

1. Entity Name
EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~4019 EHRlich RD.~~ ~~4319 EHRlich RD.~~
TAMPA FL-33624 TAMPA FL 33624
US US

2. Principal Place of Business 3. Mailing Address

13153 N. Dale Mabry ← *SAME*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 105 *Suite 105*

City & State City & State

Tampa, FL *Tampa, FL*



CHECK HERE IF MAKING CHANGES

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 EHRlich ROAD~~ *13153 N. Dale Mabry*
TAMPA FL-33624 *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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, MARY	
STREET ADDRESS	240 E. MAPLE	
CITY-ST-ZIP	POCATELLO ID 83201	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDMOND, BEA	
STREET ADDRESS	3625 CRESCENT PARK BLVD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIPSCOMB, MARSHA	
STREET ADDRESS	2477 CORDWOOD DRIVE	
CITY-ST-ZIP	DECATUR GA 30033	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAKUBEC, CHRISTINE	
STREET ADDRESS	540 FOR GLOVE LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Lyon Knittel	
STREET ADDRESS	452 W. Woodland	
CITY-ST-ZIP	Ferndale, MI 48220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha clay	
STREET ADDRESS	2877 Carnegie Way	
CITY-ST-ZIP	Marlitta, GA 30064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **RECEIVED** 4/7/03 813 968-2644

CR2E037 (10/02)