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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 31 PM 3:28

DOCUMENT # **N93000005613 (5)**

1. Corporation Name

FLORIDA ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2468 TITUSVILLE FL 32781-2468	P.O. BOX 2468 TITUSVILLE FL 32781-2468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1993
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-3217459 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (25)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUGHES, DAVID A 1675 PALM BEACH LAKES BLVD. SUITE 700 W PALM BEACH FL 33401	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DAVID A	1.2 NAME	
STREET ADDRESS	1675 PALMBEACH LAKES BLVD. #700	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TIPPETT, ROBERT G	2.2 NAME	
STREET ADDRESS	P.O. BOX 224 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NETTLES, DON	3.2 NAME	
STREET ADDRESS	1360 WAR EAGLE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUMBLE, CHARLES	4.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR. #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VALLELY, JAMES F	5.2 NAME	
STREET ADDRESS	8049 ARLINGTON EXPRESS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RIDLEHUBER, HUGH	6.2 NAME	
STREET ADDRESS	1301 RALSTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Don Nettles DON NETTLES 3-26-95 07-268-8808
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000348