

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005613 (5)

1. Corporation Name

FLORIDA ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 3:01



Principal Place of Business

Mailing Address

P.O. BOX 2468
TITUSVILLE FL 32781-2468

P.O. BOX 2468
TITUSVILLE FL 32781-2468

3. Date Incorporated or Qualified
12/08/1993

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3217459

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25

Zip

Country

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 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 ☐ DELETE

NAME
HUGHES, DAVID A
STREET ADDRESS
1675 PALMBEACH LAKES BLVD. #700
CITY-ST-ZIP
W PALM BEACH FL 33401

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
TIPPETT, ROBERT G
STREET ADDRESS
P.O. BOX 224 N/A
CITY-ST-ZIP
CLERMONT FL 34712

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NETTLES, DON
STREET ADDRESS
1380 WAR EAGLE BLVD
CITY-ST-ZIP
TITUSVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
HUMBLE, CHARLES
STREET ADDRESS
515 N. FLAGLER DR. #300
CITY-ST-ZIP
W PALM BEACH FL 33401

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VALLELY, JAMES F
STREET ADDRESS
8049 ARLINGTON EXPRESS WAY
CITY-ST-ZIP
JACKSONVILLE FL 32211

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
RIDLEHUBER, HUGH
STREET ADDRESS
1301 RALSTON AVE.
CITY-ST-ZIP
BELMONT CA 94002

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)