

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 24 1998 8:00am
Secretary of State

DOCUMENT # **N93000005613 (5)**

1. Corporation Name

EASTERN ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.



Principal Place of Business

P.O. BOX 17878
PENSACOLA FL 32522-7878
US

Mailing Address

P.O. BOX 17878
PENSACOLA FL 32522-7878
US

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

59-3217459

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PEACOCK, STEVE
1700 W LEONARD ST
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE
NAME **PEACOCK, STEVE**
STREET ADDRESS **1700 W LEONARD ST**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **VP** ☐ DELETE
NAME **ABELL, DENNIS**
STREET ADDRESS **830 S.E. MARTIN LUTHER KING BLVD**
CITY - ST - ZIP **STUART FL**

TITLE **ST** ☐ DELETE
NAME **YUHASZ, TRACY**
STREET ADDRESS **1700 W LEONARD ST**
CITY - ST - ZIP **PENSACOLA FL**

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

TITLE **D** ☐ DELETE
NAME **VALLELY, JAMES F**
STREET ADDRESS **8049 ARLINGTON EXPRESS WAY**
CITY - ST - ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ DELETE
NAME **RIDLEHUBER, HUGH**
STREET ADDRESS **1301 RALSTON AVE.**
CITY - ST - ZIP **BELMONT CA 94002**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

850-436-9580

CR2E037 (10/97)