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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005613

1. Corporation Name

EASTERN ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.

Principal Place of Business

P.O. BOX 17878  
PENSACOLA FL 32522-7978  
US

Mailing Address

P.O. BOX 17978  
PENSACOLA FL 32522-7978  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

59-3217459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

*Tracy Yuhasz* Secretary/Treasurer 1-27-99

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tracy Yuhasz* Secretary/Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99 850-436-9611

CR2E037 (11/98)