

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005613

FILED
Apr 06, 2004
Secretary of State**Entity Name:** SOUTHERN ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.**Current Principal Place of Business:**PO BOX 435
WINDERMERE, FL 34786 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 435
WINDERMERE, FL 34786 US**New Mailing Address:****FEI Number:** 59-3217459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, RICHARD
2400 W. 33RD STREET
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P/D () Delete
Name: BRICK, MICHAEL D
Address: 1776 INDEPENDENCE LANE
City-St-Zip: MAITLAND, FL 32751**Title:** VP/D () Delete
Name: JOHNSON, RICHARD
Address: 2400 W. 33RD STREET
City-St-Zip: ORLANDO, FL 32809**Title:** D () Delete
Name: DIAZ, PASQUALE
Address: 9105 N.W. 25TH STREET
City-St-Zip: MIAMI, FL 33172**Title:** D () Delete
Name: DAVIS, CINDY
Address: 800 HOWARD BAKER JR. BLVD
City-St-Zip: KNOXVILLE, TN 37915**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: BRICK, MICHAEL D
Address: 321 W. FRANKLIN ST.
City-St-Zip: OVIEDO, FL 32765**Title:** VP/D (X) Change () Addition
Name: JOHNSON, RICHARD
Address: 2400 W. 33RD STREET
City-St-Zip: ORLANDO, FL 32809 US**Title:** D (X) Change () Addition
Name: CLARK, DAVID W
Address: 171 INDUSTRIAL PARK
City-St-Zip: MONTECELLO, FL 32344 US**Title:** D (X) Change () Addition
Name: DAVIS, CINDY
Address: 800 HOWARD BAKER JR. BLVD
City-St-Zip: KNOXVILLE, TN 37915 US**Title:** D () Change (X) Addition
Name: MONK, CARL
Address: 419 YATES AVENUE
City-St-Zip: LAUREL, MS 39440 US**Title:** D () Change (X) Addition
Name: HARRISON, RAMON K
Address: 2646 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. BRICK

PRES

04/06/2004

Electronic Signature of Signing Officer or Director

Date