

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005613

FILED
Apr 29, 2007
Secretary of State

Entity Name: SOUTHERN ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.

Current Principal Place of Business:

PO BOX 2374
ACWORTH, GA 30102 US

New Principal Place of Business:

321 W. FRANKLIN ST.
OVIEDO, FL 32765 US

Current Mailing Address:

PO BOX 2374
ACWORTH, GA 30102 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:

BRICK, MICHAEL D
321 W. FRANKLIN ST.
OVIEDO, FL 32765 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: 321 W. FRANKLIN ST.
City-St-Zip: OVIEDO, FL 32765

Title: VP/D (X) Delete
Name: CLARK, DAVID
Address: 163 UNDERWOOD ROAD
City-St-Zip: MONTICELLO, FL 32344 US

Title: ST/D () Delete
Name: HARRISON, RAMON K
Address: 2646 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080 US

Title: D (X) Delete
Name: CHRISTIAN, LISA
Address: PO BOX 589
City-St-Zip: BLOUNTVILLE, TN 37617 US

Title: D () Delete
Name: MONK, CARL
Address: PO BOX 185
City-St-Zip: LAUREL, MS 39440 US

Title: D () Delete
Name: SELLS, TIMOTHY W
Address: PO BOX 513
City-St-Zip: LEXINGTON, NC 27292 US

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 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAMON K HARRISON

ST/D

04/29/2007

Electronic Signature of Signing Officer or Director

Date