

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90024 030 ****61.25

44040471



02172004 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000003301					
1. Entity Name FLORIDA ACADEMY OF AUDIOLOGY, INC.					
Principal Place of Business P.O. BOX 7257 SEMINOLE, FL 33775			Mailing Address P.O. BOX 7257 SEMINOLE, FL 33775		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0764913	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHEITLER, DONNA LANGE 7391 HUNT CLUB LANE SEMINOLE, FL 33776			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Donna Lange Scheitler</i>		SIGNATURE <i>DONNA LANGE SCHEITLER</i>		DATE <i>4-5-04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GANS, PATRICIA AU.D.		NAME	Rabe, Frederick Au.D.	
STREET ADDRESS	11290 PARK BLVD.		STREET ADDRESS	201 NW 82nd Avenue, Ste. 400	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	PED	☒ Delete	TITLE	PED	☒ Change ☐ Addition
NAME	RAYE, FREDERICK AU.D.		NAME	Shelfer, Janet Au.D.	
STREET ADDRESS	201 NW 82ND AVE.		STREET ADDRESS	13158 Rivergate Lane	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SCHEITLER, DONNA LANGE AU.D.		NAME	VAMC, P.O. BOX 5005	
STREET ADDRESS	VAMC, P.O. BOX 5055		STREET ADDRESS		
CITY-ST-ZIP	BAY PINES, FL 33744		CITY-ST-ZIP		
TITLE	VPED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, GAIL AU.D.		NAME		
STREET ADDRESS	857 NE JENSEN BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	VMS	☒ Delete	TITLE	VMS	☒ Change ☐ Addition
NAME	GOOD, SUSAN		NAME	Chonka, John	
STREET ADDRESS	11290 PARK BLVD		STREET ADDRESS	5457 North Federal Highway	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, GAIL		NAME		
STREET ADDRESS	6448 PARKLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donna Lange Scheitler</i>		SIGNATURE <i>DONNA LANGE SCHEITLER</i>		DATE <i>4/5/2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER		Daytime Phone # <i>392-8284</i>	

Attachment #1197000003301

44028471

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