

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003558 (0)

1. Corporation Name

COGNITIVE SPEECH REHAB, INC.



Principal Place of Business

Mailing Address

203 E. 3RD STREET, SUITE 103
SANFORD FL

203 E. 3RD STREET, SUITE 103
SANFORD FL

CHANGE TO:

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

59-3078091

Applied For

Not Applicable

2. Principal Place of Business

21 646 W. Plymouth Ave.

Suite, Apt. #, etc.

22 Suite C

City & State

23 DeLand, FL

Zip

24 32720

Country

25 Volusia

2a. Mailing Address

26 646 W. Plymouth Ave.

Suite, Apt. #, etc.

27 Suite C

City & State

28 DeLand, FL

Zip

29 32720

Country

30 Volusia

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

STANLEY, FREDERIC JR.
990 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

DELETE

10. Name and Address of New Registered Agent

81 Name

G. Darby Bennett

82 Street Address (P.O. Box Number is Not Acceptable)

646 W. Plymouth Ave.

83

Suite C

84 City

DeLand

FL

85 Zip Code

32720

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

4/27/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
BENNETT, GLADYS D
504 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
LAWRENCE-KNIGHT, DEBRA
1751 GARDA AVE.
SANFORD FL 32771

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
CAMBLIN, PATRICIA
620 E. UNIVERSITY AVE.
ORANGE CITY FL 32763

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ 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

Director/Treasurer
Joan Weinstein
155 Valencia Rd.
DeBary, FL 32713

Director/Medical
Peggy Fisher
900 Yellowbird Ave.
Deltona, FL 32725

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:

G. Darby Bennett

4/27/98

CR2E037 (1097)