

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90111 035 ****61.25

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1. Corporation Name

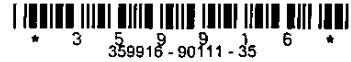
COGNITIVE SPEECH REHAB, INC.

Principal Place of Business

646 W PLYMOUTH AVE
STE C
DELAND FL 32720
US

Mailing Address

646 W PLYMOUTH AVE
STE C
DELAND FL 32720
US



2. Principal Place of Business

21 218 W. New York Ave.

2a. Mailing Address

26 218 W. New York Ave.

3. Date Incorporated or Qualified

06/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3078091

Applied For

Not Applicable

City & State

23 Deland, FL

City & State

28 Deland, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32720

Country

25 USA

Zip

29 32720

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, G D

646 W PLYMOUTH AVE

STE C

DELAND FL 32720

81 Name

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

218 W. New York Ave.

83 n/a

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

Gladys D Bennett

4/16/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **BENNETT, GLADYS D**

STREET ADDRESS **504 HERMITS TRAIL**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **VD** ☐ DELETE

NAME **LAWRENCE-KNIGHT, DEBRA**

STREET ADDRESS **1751 GARDA AVE.**

CITY-ST-ZIP **SANFORD FL 32771**

TITLE **DT** ☐ DELETE

NAME **WEINSTEIN, JOAN**

STREET ADDRESS **155 VALENCIA RD**

CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ DELETE

NAME **FISHER, PEGGY**

STREET ADDRESS **900 YELLOWBIRD AVE**

CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Gladys D Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

(904)740-8200

Date

Daytime Phone #

CR2E037 (1/98)