


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 026 ****61.25

DOCUMENT # N97000003558 1. Entity Name COGNITIVE SPEECH REHAB, INC.					
Principal Place of Business 640 N VOLUSIA AVE 2 ORANGE CITY, FL 32763 US			Mailing Address 640 N VOLUSIA AVE 2 ORANGE CITY, FL 32763 US		
2. Principal Place of Business 879 N. Volusia Ave Suite, Apt. #, etc.		3. Mailing Address 879 N. Volusia Ave Suite, Apt. #, etc.			
City & State Orange City, FL Zip 32763 Country Volusia		City & State Orange City, FL Zip 32763 Country Volusia		4. FEI Number 59-3078091	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENNETT, G D BHD 1050 JOEL COURT DELTONA, FL 32738			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BENNETT, GLADYS D PHD 1050 JOEL COURT DELTONA, FL 32738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALES, ANN 45711 WASHINGTON DR PAISLEY, FL 32767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, BETTY 882 ELKCAM BLVD DELTONA, FL 32725 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: M. Darby Bennett 2/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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