

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000012291

**Entity Name:** NATIONAL APHASIA SYNERGY, INC.

**Current Principal Place of Business:**

1644 HAMILTON CT  
DUNEDIN, FL 34698

**Current Mailing Address:**

1644 HAMILTON CT  
DUNEDIN, FL 34698

**FEI Number: 87-3330394**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMBRIDGE, PATRICIA  
1644 HAMILTON CT  
DUNEDIN, FL 34698 US

*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

**Officer/Director Detail :**

Title P  
Name HAMBRIDGE, PATRICIA  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title VP  
Name WALTERS, AMY  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title TS  
Name ANSTED, HELEN  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name CAUTHORN, ANGELIQUE  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name MOSES, KAIT  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name LOWELL, DENISE  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name FARRELL, BRUCE  
Address 1644 HAMILTON CT  
City-State-Zip: DUNEDIN FL 34698

*I hereby 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 all other like empowered.*

**SIGNATURE: HELEN ANSTED**

**SECRETARY &  
TREASURER**

**04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date