

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003301

Entity Name: FLORIDA ACADEMY OF AUDIOLOGY, INC.**Current Principal Place of Business:**6708 SENECCA LN
SYKESVILLE, MD 21784**Current Mailing Address:**PO BOX 8685
DELRAY BEACH, FL 33482**FEI Number: 65-0764913****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAXIM MANAGEMENT
829 NW 82ND PL
BOCA RATON, FL 33487 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	PAST PRESIDENT
Name	WEIST, DEVON AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	SECRETARY
Name	LEDON, VICTORIA AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT
Name	MORGENSTEIN, KARI AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	EXECUTIVE DIRECTOR
Name	BROOKE, RACHEL M
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT ELECT
Name	FREEMAN, BARRY
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

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: RACHEL M BROOKE**EXECUTIVE DIRECTOR****01/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date