

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **726409** (6)

1. Corporation Name

FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 2730
PINELLAS PARK FL 34664-2730

POST OFFICE BOX 2730
PINELLAS PARK FL 34664-2730

3. Date Incorporated or Qualified
05/16/1973

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
52-1232313

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENYKE, ROBERT V
1562 KEENE ROAD SOUTH
CLEARWATER FL 34616**

81 Name

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

83

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

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	P	<input type="checkbox"/> DELETE
NAME	SARGENT, PAULA	
STREET ADDRESS	8168 NW 191ST ST.	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NAGY, GAIL	
STREET ADDRESS	8004 CARDINAL DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STUCKY, VIRGINIA	
STREET ADDRESS	436-8TH AVE.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROBERSON, LEN	
STREET ADDRESS	3001 WESSEX ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DENYKE, ROBERT V	
STREET ADDRESS	1562 KEENE ROAD SOUTH	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, KIM	
STREET ADDRESS	3811 W. SAN RAFAEL ST.	
CITY-ST-ZIP	TAMPA FL 33629	

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dianne Nosch	
1.3 STREET ADDRESS	6561 NW 8th Court	
1.4 CITY-ST-ZIP	Margate, FL 33063	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carol Goodman	
2.3 STREET ADDRESS	17335 Gunlock Road	
2.4 CITY-ST-ZIP	Lutz, FL 33549	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pam K. Green	
3.3 STREET ADDRESS	344 East Citrus Street	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gail Nagy	
4.3 STREET ADDRESS	8004 Cardinal Drive	
4.4 CITY-ST-ZIP	Tampa, FL 33617	
5.1 TITLE	400001756214	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/25/96--01077--006	
5.3 STREET ADDRESS	***\$1.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	Reggie Goff Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	4710 E. Poinsettia Avenue	
6.3 STREET ADDRESS	Tamap, FL 33617	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert V. Denyke, Treasurer

1/31/96

813-570-3083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

1996-05-1996