


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90092 032 ****70.00

DOCUMENT # 726409			
1. Entity Name FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.			
Principal Place of Business 939 WOLFE ST JACKSONVILLE, FL 32205 US		Mailing Address 939 WOLFE ST JACKSONVILLE, FL 32205 US	
2. Principal Place of Business P.O. Box 5112 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5112 Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
4. FEI Number 52-1232313		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARRIGAR-TUCKER, DEBORAH 939 WOLFE ST JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Lisa Schaefermeyer Street Address (P.O. Box Number is Not Acceptable) 11505 Murcott Way City Land O' Lakes FL Zip Code 34639	
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 <i>Lisa Schaefermeyer</i>		DATE 3-13-04	
Filing Fee is \$61.25 Due by May 1, 2004		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 D/P <input checked="" type="checkbox"/> Delete	NAME BARRIGAR-TUCKER, DEBORAH	TITLE President (D/P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Shaefermeyer, Lisa
STREET ADDRESS 939 WOLFE ST	CITY-ST-ZIP JACKSONVILLE, FL 32205	STREET ADDRESS 11505 Murcott Way	CITY-ST-ZIP Land O' Lakes, FL 34639
TITLE D/VP <input type="checkbox"/> Delete	NAME BLAYLOCK, ALI S	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 5699 SE MITZI LANE	CITY-ST-ZIP MARIANNA, FL 32447	STREET ADDRESS	CITY-ST-ZIP
TITLE DV <input checked="" type="checkbox"/> Delete	NAME COSTA, GEORGE JR	TITLE Smith, Laurie V. (DV) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS 1146 JADE EAST LN	CITY-ST-ZIP KISSIMMEE, FL 34744	STREET ADDRESS P.O. Box 11812	CITY-ST-ZIP Daytona Beach, FL 32120
TITLE DS <input type="checkbox"/> Delete	NAME STOKEM, BEVERLY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 318 EASTLAKE DR	CITY-ST-ZIP LAKELAND, FL 33803	STREET ADDRESS	CITY-ST-ZIP
TITLE DT <input type="checkbox"/> Delete	NAME TUCCELLI, MIKE DR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 9-B SEVILLA ST	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	STREET ADDRESS	CITY-ST-ZIP
TITLE E <input type="checkbox"/> Delete	NAME DAWES, CINDY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 15350 AMBERLY DR #2911	CITY-ST-ZIP TAMPA, FL 33647	STREET ADDRESS	CITY-ST-ZIP
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: <i>Beverly H. Stokem</i>		DATE 3-13-04 (C) 863-255-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	