

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

FILED  
May 02, 2005  
Secretary of State

Entity Name: FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

**Current Principal Place of Business:**

PO BOX 5112  
JACKSONVILLE, FL 32247 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5112  
JACKSONVILLE, FL 32247 US

**New Mailing Address:**

FEI Number: 52-1232313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCHAEFERMEYER, LISA  
11505 MURCOTT WA  
LAND O LAKES, FL 34639 US

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

TUCKER, DEBORAH  
939 WOLFE STREET  
JACKSONVILLE, FL 32205 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: DEBORAH BARRIGAR TUCKER

05/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: SHAEFERMEYER, LISA  
Address: 11505 MURCOTT WAY  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: DVP ( ) Delete  
Name: BLAYLOCK, ALI S  
Address: 5699 SE MITZI LANE  
City-St-Zip: MARIANNA, FL 32447

Title: DV ( ) Delete  
Name: SMITH, LAURIE  
Address: PO BOX 11812  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: DS ( ) Delete  
Name: STOKEM, BEVERLY  
Address: 318 EASTLAKE DR  
City-St-Zip: LAKELAND, FL 33803

Title: DT ( ) Delete  
Name: TUCCELLI, MIKE DR.  
Address: 9-B SEVILLA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: E ( ) Delete  
Name: DAWES, CINDY  
Address: 15350 AMBERLY DR #2911  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: BLAYLOCK, ALI S  
Address: 5699 SE MITZI LANE  
City-St-Zip: STUART, FL 34997

Title: DV (X) Change ( ) Addition  
Name: SMITH, LAURIE  
Address: 4901 SUNBEAM ROAD, APT, # 504  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: TUCKER, DEBORAH B  
Address: 939 WOLFE STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: E (X) Change ( ) Addition  
Name: DAWES, CINDY  
Address: 30927 BURLEIGH DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH BARRIGAR TUCKER

TREA

05/02/2005

Electronic Signature of Signing Officer or Director

Date