

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

FILED
May 07, 2006
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:

TUCKER, DEBORAH
939 WOLFE STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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

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: STUART, FL 34997

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change () Addition
Name: SMITH, ANDREA
Address: 2204 VALLEYBROOK AVE
City-St-Zip: VALRICO, FL 33594

Title: DS (X) Change () Addition
Name: TREVINO, RAFAEL O
Address: 5348 ARCHSTONE DR APT 201
City-St-Zip: TAMPA, FL 33634

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAFAEL TREVINO

DS

05/07/2006

Electronic Signature of Signing Officer or Director

_____ Date