

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90135 007 ****61.25

DOCUMENT # N01000000206		
1. Entity Name BIG SUN ASSOCIATION OF THE DEAF, INC.		

Principal Place of Business 43 PECAN RUN COURSE OCALA, FL 34472	Mailing Address 43 PECAN RUN COURSE OCALA, FL 34472
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400000 -



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CINKER, JANE 43 PECAN RUN COURSE OCALA, FL 34472	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: Jane F. Cinker 4/2/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVELL, ROXANNE 1204 NE 22ND ST OCALA, FL 34470 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVERSON, BOB 1727 NE 36TH AVE OCALA, FL 34470 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CINKER, JANE 43 PECAN RUN COURSE OCALA, FL 34472 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EATON, BETTE ANNE 8637 SW 97TH LANE RD. UNIT E OCALA, FL 34481 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eaton, Stephen 8637 S.W. 97th Lane Rd. Unit E. Ocala, Florida 34481 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Scott Kahler Kahler, Scott 2513 Spring Harbor Circle, Apt. #1 Mt. Dora, Florida 32757 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CINKER, JANE 43 Pecan Run Course Ocala, Florida 34472 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR (Temporary) Eaton, Bette Anne 8637 SW 97th Lane Rd. Unit E Ocala, Florida 34481 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jane F. Cinker Jane F. Cinker 4/2/2007 352-680-1217my
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-680-1767VP