

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002910

1. Entity Name  
TRICOUNTY ASSOCIATION OF THE DEAF, INC.



08 NOV 24 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
529 ALCAZAR CT  
THE VILLAGES, FL 32159

Mailing Address  
529 ALCAZAR CT  
THE VILLAGES, FL 32159

200138239582  
11/24/08--01061--016 \*\*70.00



2. Principal Place of Business - No P.O. Box #  
11577 SE 179th Loop

3. Mailing Address  
11577 SE 179th Loop

Suite, Apt. #, etc.  
Stonecrest

Suite, Apt. #, etc.  
Stonecrest

11122008 REIN-NP CR2E099 (1/07)

City & State  
Summerfield, FL

City & State  
Summerfield, FL

4. FEI Number  
20-1010193

Applied For  
Not Applicable

Zip  
34491

Country  
Marion

Zip  
34491

Country  
Marion

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, WANER  
529 ALCAZAR CT  
LADY LAKE, FL 32159

Name  
Merwin D. Garnetson

Street Address (P.O. Box Number is Not Acceptable)  
11577 SE 179th Loop

City  
Stonecrest

City  
Summerfield FL Zip Code 34491

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

*Merwin D. Garnetson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ST JOHN, WARNER	
STREET ADDRESS	529 ALCAZAR CT	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLINE, GORDON	
STREET ADDRESS	529 ALCAZAR CT	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARNETSON, CAROL	
STREET ADDRESS	529 ALCAZAR CT	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RHODES, STEVEN W	
STREET ADDRESS	500 NORTH FIELD LN	
CITY-ST-ZIP	THE VILLAGE, FL 32162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGBERG, BARBARA	
STREET ADDRESS	529 ALCAZAR CT	
CITY-ST-ZIP	THE VILLAGES, FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAMPLES, HENRIETTA	
STREET ADDRESS	529 ALCAZAR CT	
CITY-ST-ZIP	THE VILLAGES, FL 32162	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merwin D. Garnetson	
STREET ADDRESS	11577 SE 179th Loop	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Rubio	
STREET ADDRESS	16696 SE 50th Bellavista Cir	
CITY-ST-ZIP	Lady Lake, FL 32162	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juanne Langrais	
STREET ADDRESS	1367 Florence Path	
CITY-ST-ZIP	Lady Lake, FL 32162	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Langrais	
STREET ADDRESS	1367 Florence Path	
CITY-ST-ZIP	Lady Lake, FL 32162	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruby Samples	
STREET ADDRESS	266 + Redfield Rd	
CITY-ST-ZIP	Niles, Mich 49120	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard McElwain	
STREET ADDRESS	12401 SE 71st Currituck Terrace	
CITY-ST-ZIP	Lady Lake, FL 32162	

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:

*Merwin D. Garnetson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/08

Date

866-274-1917

Daytime Phone #