

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006794

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATION OF COLLEGE EDUCATORS DEAF AND HARD-OF-HEARING, INC.

**Current Principal Place of Business:**

601 PONCE DE LEON BLVD S  
SUITE C  
ST AUGUSTINE, FL 322084 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 PONCE DE LEON BLVD S  
SUITE C  
ST AUGUSTINE, FL 322084 US

**New Mailing Address:**

**FEI Number:** 20-4643984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTOPHER SPRINGHORN CPA PA  
601-C PONCE DE LEON BLVD S  
ST. AUGUSTINE, FL 32084 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: PRES  
Name: BOWEN, SANDY  
Address: 501 20TH ST  
City-St-Zip: GREELEY, CO 80639 US

Title: TR  
Name: KRITZER, KAREN PHD  
Address: PO BOX 5190  
City-St-Zip: KENT, OH 44242 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN KRITZER

TR

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date