2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N22455

Entity Name: DEAF AND HARD OF HEARING SERVICES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

945 W MICHIGAN AVENUE
SUITE 4B
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

945 W MICHIGAN AVENUE
SUITE 4B
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-2842074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, JIMMY
945 W. MICHIGAN AVE.
SUITE 4B
PENSACOLA, FL 32505 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:	P	( ) Delete
Name:	SCOTT, SUE	
Address:	6541 COUNTY ROAD 95	
City-St-Zip:	ELBERTA, AL 36530	
Title:	V	( ) Delete
Name:	MCGRAW, JOHN E	
Address:	1480 STEFANI CIRCLE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	S	( ) Delete
Name:	JONES, JACKIE	
Address:	10650 MOTLEY COURT	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	T	( ) Delete
Name:	WEEKS, KIMBERLY	
Address:	6499 CAROLINE STREET	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	PETERSON, JIMMY	
Address:	945 W. MICHIGAN AVE., SUITE 4B	
City-St-Zip:	PENSACOLA, FL 32505	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JIMMY PETERSON D 01/08/2004
Electronic Signature of Signing Officer or Director — Date