FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30800** **(9)**

1. Corporation Name

DEAF SERVICE CENTER OF THE TREASURE COAST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:47

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2000 SE PORT ST. LUCIE BLVD. STE F1 PORT ST. LUCIE FL 34952-2546 US	2000 SE PORT ST. LUCIE BLVD. STE F1 PORT ST. LUCIE FL 34952-2546 US

3. Date Incorporated or Qualified: 02/21/1989
3a. Date of Last Report: 07/01/1994
4. FEI Number: 65-0147688 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PUZINAS, DIANE P.
2000 SE PORT ST. LUCIE BOULEVARD
SUITE F1
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: Muriel Thiebault
82 Street Address (P.O. Box Number is Not Acceptable): 2000 SE Port St. Lucie Boulevard
83 Suite F1
84 City: Port St. Lucie FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Muriel Thibault — Muriel Thibault — 6/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PUZINAS, DIANE P.	1.2 NAME	Thiebault, Muriel	
STREET ADDRESS	2000 SE PORT ST. LUCIE BLVD., STE F1	1.3 STREET ADDRESS	2000 SE Port St. Lucie Blvd, Suite F1	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, Fl 34952	
TITLE	CD	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	KULAKOWSKY, GERRI	2.2 NAME	DeLudos, Mario	
STREET ADDRESS	1493 SW THELMA STREET	2.3 STREET ADDRESS	2313 SE Tilton Rd.	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	VCD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SHARKEY, DANIEL (M.D.)	3.2 NAME	Johnson, Mike	
STREET ADDRESS	844 EAST OCEAN BOULEVARD	3.3 STREET ADDRESS	P.O. Box 1774	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, Fl. 34995	
TITLE	SD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DECKER, ANN	4.2 NAME	DeLudos, Sheri	
STREET ADDRESS	7601 S US HIGHWAY 1	4.3 STREET ADDRESS	2313 SE Tilton Rd.	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	TD	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HOFFMAN, BETH	5.2 NAME	Arnold, Donna	
STREET ADDRESS	1972 SE CAMILO STREET	5.3 STREET ADDRESS	8009 Plantation Lakes Dr.	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34956	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna F. Arnold — 5-31-95 — (407) 489-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donna F. Arnold

0000010