FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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.

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: 06/08/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THIEBAULT, MURIEL
2000 SE PT ST LUCIE BLVD
STE F1
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: LEONARD P BOGDAN JR
82 Street Address (P.O. Box Number is Not Acceptable): 2000 SE PT ST LUCIE BLVD
83: STE F1
84 City: PT ST LUCIE **FL** 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Leonard P Bogdan Jr — 3-5-96
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	☒ DELETE	1.1 TITLE	D - TREASURER	☐ Change ☒ Addition
NAME	MURIEL, THIEBAULT		1.2 NAME	LEONARD P BOGDAN JR	
STREET ADDRESS	2000 SE PT ST LUCIE BLVD		1.3 STREET ADDRESS	2000 SE PT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	CD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DELUDOS, MARIO		2.2 NAME	MEL FACTOR	
STREET ADDRESS	2313 SE TILTON RD		2.3 STREET ADDRESS	1052 S FLORAL HWY	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, MIKE		3.2 NAME	GREG FASULA	
STREET ADDRESS	P O BOX 1774		3.3 STREET ADDRESS	2500 SE MIDPORT ROAD	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DELUDOS, SHERI		4.2 NAME	JANET NOENREITER	
STREET ADDRESS	2313 SE TILTON RD		4.3 STREET ADDRESS	1766 WEST SANDERLING LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	FORT PIERCE FL 34952	
TITLE	TD	☐ DELETE	5.1 TITLE	D - S	☐ Change ☒ Addition
NAME	ARNOLD, DONNA		5.2 NAME	RUTH ORIBBIN-SCHMITT	
STREET ADDRESS	8007 PLANTATION LAKES DR		5.3 STREET ADDRESS	236 SW GLENWOOD DR	
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	PATTY WIRTH	
STREET ADDRESS			6.3 STREET ADDRESS	0966 NW NANCY WAY # 603	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PORT ST LUCIE FL 34983	

CR2E037 (12/95)

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)(k), 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: Leonard P Bogdan Jr — 3-5-96 — 407-335-5546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEONARD P BOGDAN JR TREASURER