FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N30800

(9)

DEAF SERVICE CENTER OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address							
	T ST. LUCIE BLVD.	2000 SE PORT ST. LUK	RT ST. LUCIE BLVD.				
STE F1 PORT ST. LUCIE FL 34952-2546		STE F1 Port St. Lucie Fl 34	1069				
US II. LO	CIE PL 34902-2040	US	1302		3. Date Incorporated or Qualified 02/21/1989	3a. Date of Las 03/14/	t Report 1996
2. Principal F	Place of Business	2a. Mailing Address			· ·		Applied For
21		26			4. FEI Number 65-0147688		Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.			5 0 35 1 70 1 5 1	_ \$0.70	5 Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		ed to Fees
Žφ	Country	Zip	Country		8. This corporation has liability for in	ntangible tax unde	r s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	jistered Agent	
			81	Name			
	an, Leonard P. Jr		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
	ie pt st lucie blyd		ļļ.				
STE F1	•		[83]				
PT ST	LUCIE FL 34952		B4	City		85 Zi	ip Code
				~,		FL " "	,p 0000
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	itutes, the above-	named cor	poration submits this statement for the p	urpose of changing	g its registere
agent. La	registered agent, or both, in the Stat am familiar with, and accept the obli	ic of Florida, Such change wa ligations of Section 617 0503.	Florida Statutes.	me corpora	tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	•						
Sidikktoni	Signature, typed or ported name of registered a	igent and title if applicable (1	NOTE: Registered Agent	signature requ	lred when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TIBLE	DT	DELETE	1.1 TITLE)		☐ Chang	ge 🔲 Additio
NAME	BOGDN, LEONARD P. JR		1.2 NAME	İ			
STREET ADDRESS	2000 SE PT ST LUCIE BLV	D	1.3 STREET A	DORESS			
CITY - ST - ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-	- <i>2</i> 1P			
TITLE	D	☑ DELETE	2.1 TITLE	D	/D n	Chang	ge 🔲 Additio
NAME	FACTOR, MEL		2.2 NAME	lib	eraldine Kulakowsk	λ	
STREET ADDRESS	1052 S FEDERAL HWY		2 3 STREET A		493 SW Thelma St.	. y	
CITY - ST- ZIP	PORT ST LUCIE FL		2.4 CITY-ST			10	
TITLE	VD	№ DELETE	3.1 TITLE		alm City, F1. 3499 7/D	Chang	ge 🔲 Additio
NAME	JOHNSON, MIKE		3.2 NAME		unshine Johnson	7	,0
	P O BOX 1774			2	200 SW Albany Ave		
STREET ADDRESS	STUART FL		3.3 STREET A	DURESS S	00 SW Albany Ave. tuart, Fl. 34994		
CITY-S1-ZIP	SD	DELETE	3.4. CITY - ST	- ZIP		TH Chang	ne Additio
THILE	1	tel percie	4.1 TITLE	1	C/D _	LX Chang	is ["] woonn
NAME	DELUDOS, SHERI		4 2 NAME	D	lane Puzinas	•	
STREET ADDRESS	2313 SE TILTON RD		4.3 STREET A	DDRESS 1	999 Collins Cir.	∦30	
CHTY - ST - ZIP	PORT ST. LUCIE FL	T on the	4.4 CITY-ST	· ZIP	ensen Beach, Fl.	34957-	
TITLE	TD	☑ DELETE	5.1 TITLE		· • -		ge 🛄 Additio
NAME	ARNOLD, DONNA	nn.	5.2 NAME	R	luth Gribbin-Schmit	ιt	
STREET ADDRESS	8007 PLANTATION LAKES	DH	5.3 STREET A	Doress 2	36 SW Glenwood Dr		
CITY - ST - 7IP	PORT ST. LUCIE FL		5.4 CITY-ST		ort St. Lucie, F1	34984	
TITLE	D	☑ DELETE	6.4 TITLE] _	·	thang	ge 📖 Addilio
NAME	WIRTH, PATTY		6.2 NAME		andi Mills	A	
STREET ADDRESS	6968 NW HARTNEY WAY	<i>F</i> 603	6.3 STREET A	DORESS 3	123 SE Edler Dr.		
CITY-ST-ZIP	PORT ST LUCIE FL		6.4 CITY - ST				
14. I do here	by certify that the information suppl	ied with this filing does not qu	alify for the exen	ption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify th	nat the
information and	on indicated on this annual report of officer or director of the corporation	: supplemental annual report I or the receiver or trustée emit	is true and accur cowered to execu	are and that te this repo	at my signature shall have the same lega ort as required by Chapter 617, Florida S	i eirect as it made tatutes; and that ir	under öath; th ly name
appears	in Block 12 or Block 13 if changed,	or or an attachmony with an i	address.		ort as required by Chapter 617, Florida S	,	•
	~4//	1/	L. C. C. D. C. Berley				

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTO

Daytime Phone I

FILED

Mar 25 1997 8:00am

Secretary of State