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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: 34952-5546 / Country 25	Zip 29: 34952-5546 / Country 30

9. Name and Address of Current Registered Agent

BOGDAN, LEONARD P. JR
2000 SE PT ST LUCIE BLVD
STE F1
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: Stein, Scott
82 Street Address (P.O. Box Number is Not Acceptable): 2000 SE Pt St Lucie Blvd Ste F1
83: Suite F1
84 City: Pt St Lucie FL 85 Zip Code: 34952-5546

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 _____ 3/21/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOGDN, LEONARD P. JR 2000 SE PT ST LUCIE BLVD PORT ST. LUCIE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Kulakowsky, Geraldine 1493 SW Thelma Street Palm City, FL. 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KULAKOWSKY, GERALDINE 1493 SW THELMA ST PALM CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Johnson, Sunshine 200 SW Albany Ave Stuart, Fl. 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, SUNSHINE 200 SW ALBANY AVE STUART FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Stein, Scott 594 SW Columbus Drive Port St. Lucie, Fl. 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PUZINA, DIANE 1999 COLLINS CR, 30 JENSEN BEACH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Randi Smiley 411 SW Dauphin Ave Port St. Lucie, Fl. 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRIBBIN-SCHMITT, RUTH 236 SW GLENWOOD DR PORT ST. LUCIE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Galloway, Donald 1946 Hedden Place Vero Beach, Fl. 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, RANDI 2123 SE EDLER DR STUART FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Scott Stein 2/28/98 (561) 335-5546