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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30800**

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 34952-5546 US	2000 SE PORT ST. LUCIE BLVD. STE F1 PORT ST. LUCIE FL 34952-5546 US

2. Principal Place of Business	2a. Mailing Address
21 ~~2400 SE Midport Rd.~~	26 SAME
Suite, Apt. #, etc. 22 Suite 209	Suite, Apt. #, etc. 27
City & State 23 Pt. St. Lucie, Fl.	City & State 28
Zip 24 34952 Country 25 US	Zip 29 Country 30

3. Date Incorporated or Qualifed -- 02/21/1989

4. FEI Number 65-0147688 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEIN, SCOTT
2000 SE PT ST LUCIE BLVD
STE F1
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name Geraldine Kulakowsky
82 Street Address (P.O. Box Number is Not Acceptable) 1493 SW Thelma Street
83
84 City Palm City **FL** 85 Zip Code 34990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KULAKOWSKY, GERALDINE		1.2 NAME		
STREET ADDRESS	1493 SW THELMA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	JOHNSON, SUNSHINE		2.2 NAME	Gregory Fasula	
STREET ADDRESS	200 SW ALBANY AVE		2.3 STREET ADDRESS	2500 SE Midport Rd. Suite 269	
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP	~~Pt. St. Lucie, Fl. 34952~~	
TITLE	VD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	JOHNSON, SUNSHINE		3.2 NAME	Barbara Casteen	
STREET ADDRESS	200 SW ALBANY AVE		3.3 STREET ADDRESS	7406 Winter Garden Parkway	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Fort Pierce, Fl. 34950	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SMILEY, RANDI		4.2 NAME	David LeCates	
STREET ADDRESS	411 SW DAUPHIN AVE		4.3 STREET ADDRESS	18601 Kitty Hawk Court	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		4.4 CITY-ST-ZIP	Pt. St. Lucie, Fl. 34988	
TITLE	D	☒ DELETE	5.1 TITLE	ED	☐ Change ☒ Addition
NAME	GALLOWAY, DONALD		5.2 NAME	Rick Kottler	
STREET ADDRESS	1946 HEDDAN PL		5.3 STREET ADDRESS	5955 Southeast Riverboat Dr. #201	
CITY-ST-ZIP	VERO BCH FL 32966		5.4 CITY-ST-ZIP	Stuart, Fl. 34997	
TITLE	TD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, SCOTT		6.2 NAME		
STREET ADDRESS	594 SW COLUMBUS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34953		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Geraldine Kulakowsky GERALDINE KULAKOWSKY 2/4/99 561-335-5546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #