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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:22

DOCUMENT # **N44402** (8)

1. Corporation Name
DEAF SERVICES CENTER OF CITRUS COUNTY, INC.

Principal Place of Business Mailing Address
106 SE HWY 19 105 SE HWY 19
CRYSTAL RIVER FL 32629 CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1991** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-3068965** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 105 SE Hwy 19 (Rear) 26 105 SE Hwy 19 (Rear)
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Crystal River FL 28 Crystal River FL
Zip Country Zip Country
24 34429 25 29 34429 30

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

9. Name and Address of Current Registered Agent
**HOPKINS, MICHAEL H.
1701 SE FORT KING STREET
OCALA FL 32671**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED SEIBER, SHARON 105 S.E. HWY 19 CRYSTAL RIVER FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D Mazzei, Jean PO Box 190 Homosassa Springs FL 34447 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REYNOLDS, JACK FIRST NAT'L BANK, P.O. BOX 2650 N/A CRYSTAL RIVER FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D Macrini, Jeff PO Box 398 Crystal River FL 34423 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO GARDNER, DANIEL 790 S.E. FIFTH TERR. CRYSTAL RIVER FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, JOYCE P. O. BOX 2356 N/A HOMOSSASSA SPRINGS FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEIBER, ROBERT 5469 W. GROVE PARK RD. DUNNELLON FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, WILLIAM M ROUTE 1, BOX 540-I MORRISTON FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Seiber Robert Seiber 4/5/95 (904) 295-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)