

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 # N44402 (8)
1. Corporation Name
DEAF SERVICES CENTER OF CITRUS COUNTY, INC.



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

3. Date Incorporated or Qualified **06/28/1991** 3a. Date of Last Report **04/12/1995**

| | | | |
|---|--|---|---------------------------------------|
| 2. Principal Place of Business 21 105 SE Hwy 19 (Rear) Suite, Apt. #, etc. | 2a. Mailing Address 26 105 SE Hwy 19 (Rear) Suite, Apt. #, etc. | 4. FEI Number 59-3068965 | Applied For Not Applicable |
| 22 City & State Crystal River, FL | 27 City & State Crystal River, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip 34429 Country | 28 Zip 34429 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |

| | | | |
|---|-----------|--|--|
| 9. Name and Address of Current Registered Agent HOPKINS, MICHAEL H. 1701 SE FORT KING STREET OCALA FL 32871 | | 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | ED SEIBER, SHARON <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 105 S.E. HWY 19 CRYSTAL RIVER FL | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | PD REYNOLDS, JACK <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIRST NAT'L BANK, P.O. BOX 2650 N/A CRYSTAL RIVER FL | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VPD GARDNER, DANIEL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 790 S.E. FIFTH TERR. CRYSTAL RIVER FL | 3.2 NAME | Wayne Todd |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 8941 W Anna Gail Ln |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Crystal River FL 34429 |
| TITLE | SD DAVIS, JOYCE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P. O. BOX 2356 N/A HOMOSASSA SPRINGS FL | 4.2 NAME | D |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Lt. Brian Wallin |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 5096 W Gulf to Lake Hwy, Lecanto, FL 34461 |
| TITLE | TD SEIBER, ROBERT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 5469 W. GROVE PARK RD. DUNNELLON FL | 5.2 NAME | Jeff Macrini |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1901 SE Hwy 19 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Crystal River FL 34429 |
| TITLE | D ELLIOTT, WILLIAM M <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROUTE 1, BOX 540-I MORRISTON FL | 6.2 NAME | Jean Mazzei |
| STREET ADDRESS | | 6.3 STREET ADDRESS | PO Box 190 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Homosassa FL 34447 |

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, with an attachment with an address.

SIGNATURE: _____ DATE: **4-19-96** DAYTIME PHONE #: **(352) 7955000**

CR2E037 (12/95)

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