


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N44402 (8)**  
 1. Corporation Name  
**CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>105 SE HWY 19<br/>CRYSTAL RIVER FL 32629</b> | Mailing Address<br><b>105 SE HWY 19<br/>CRYSTAL RIVER FL 32629</b> |
|--|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>06/28/1991</b>   |   |
| 4. FEI Number<br><b>59-3068965</b>   | Applied For<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                                   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                                      |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**HOPKINS, MICHAEL M  
 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   | 85 FL | 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

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | D  | <input type="checkbox"/> DELETE |
| NAME           | <b>MAZZEI, JEAN</b>                        |                                 |
| STREET ADDRESS | <b>105 SE HWY 19</b>                       |                                 |
| CITY-ST-ZIP    | <b>CRYSTAL RIVER FL 32629</b>              |                                 |
| TITLE          | PD   | <input type="checkbox"/> DELETE |
| NAME           | <b>REYNOLDS, JACK</b>                      |                                 |
| STREET ADDRESS | <b>FIRST NAT'L BANK, P.O. BOX 2650 N/A</b> |                                 |
| CITY-ST-ZIP    | <b>CRYSTAL RIVER FL</b>                    |                                 |
| TITLE          | VD   | <input type="checkbox"/> DELETE |
| NAME           | <b>TODD, WAYNE</b>                         |                                 |
| STREET ADDRESS | <b>8941 W. ANNA GAIL LANE</b>              |                                 |
| CITY-ST-ZIP    | <b>CRYSTAL RIVER FL</b>                    |                                 |
| TITLE          | SD   | <input type="checkbox"/> DELETE |
| NAME           | <b>DAVIS, JOYCE</b>                        |                                 |
| STREET ADDRESS | <b>P. O. BOX 2356 N/A</b>                  |                                 |
| CITY-ST-ZIP    | <b>HOMOSASSA SPRINGS FL</b>                |                                 |
| TITLE          | D  | <input type="checkbox"/> DELETE |
| NAME           | <b>WALLIN, BRIAN L</b>                     |                                 |
| STREET ADDRESS | <b>6899 W. CYRUS ST</b>                    |                                 |
| CITY-ST-ZIP    | <b>CRYSTAL RIVER FL</b>                    |                                 |
| TITLE          | D  | <input type="checkbox"/> DELETE |
| NAME           | <b>ELLIOTT, WILLIAM M</b>                  |                                 |
| STREET ADDRESS | <b>ROUTE 1, BOX 540-I</b>                  |                                 |
| CITY-ST-ZIP    | <b>MORRISTON FL</b>                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Treasurer</b>   |
| 1.3 STREET ADDRESS | <b>Albert A. Plante Sr</b>   |
| 1.4 CITY-ST-ZIP    | <b>6190 W Appian St Homosassa FL34446</b>                                    |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>PD Davis, Joyce</b>   |
| 2.3 STREET ADDRESS | <b>P.O. Box 2356 N/A</b>   |
| 2.4 CITY-ST-ZIP    | <b>Homosassa Springs FL 34447</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>SD Mazzei, Jean</b>   |
| 4.3 STREET ADDRESS | <b>P.O. Box 190 N/A</b>  |
| 4.4 CITY-ST-ZIP    | <b>Homosassa Springs FL 34447</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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: *[Signature]* **3-16-98** **352-795-5000**

CP2E037 (10/97)