

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44844 (1)  
 1. Corporation Name

DEAF SERVICE CENTER OF POLK COUNTY, INC.



Principal Place of Business: 6107 DONEGAL WEST, LAKELAND FL 33813, US  
 Mailing Address: P.O. BOX 27, LAKELAND FL 33802-0027, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6107 Donegal West	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/23/1991	3a. Date of Last Report 02/26/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3038414	Applied For Not Applicable
23 City & State LAKELAND, FL	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33813	25 Country Polk	29 Zip	30 Country Polk
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

WELLS, RUTH  
 6107 DONEGAL WEST  
 LAKELAND FL 33813  
 Ruth wells Sebastiano  
 (name change only)

81 Name Ruth Sebastiano	82 Street Address (P.O. Box Number is Not Acceptable) 822 AVE X N.W.
83	
84 City Winter Haven	85 Zip Code FL

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: Ruth A. Sebastiano, Executive Director  
 DATE: 8-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE: PD	NAME: WELLS, RUTH A. STREET ADDRESS: 4123 PALO ALTO CT CITY-ST-ZIP: LAKELAND FL	1.1 TITLE	1.2 NAME: SEBASTIANO RUTH A. 1.3 STREET ADDRESS: 822 AVE X N.W. 1.4 CITY-ST-ZIP: WINTER HAVEN FL
TITLE: VD	NAME: SEBASTIANO, SANDRA STREET ADDRESS: 6107 DONEGAL WEST CITY-ST-ZIP: LAKELAND FL	2.1 TITLE	
TITLE: SD	NAME: <del>POKA, BARBARA</del> STREET ADDRESS: 1710 BROKEN ARROW TRAIL NORTH CITY-ST-ZIP: LAKELAND FL	3.1 TITLE	NAME: Karen Bailey 321 Imperial Blvd. Apt 81 H Lakeland, FL 33803
TITLE: TD	NAME: MELA, BILLY STREET ADDRESS: 411 S. KENTUCKY AVE CITY-ST-ZIP: LAKELAND FL	4.1 TITLE	
TITLE: D	NAME: LEWIS, DALE STREET ADDRESS: 2027 ROSSI LANE CITY-ST-ZIP: LAKELAND FL	5.1 TITLE	800002298758 -09/22/97--01003--004 ***8.75
TITLE: D	NAME: HACKING, DEBRA STREET ADDRESS: 402 9TH ST NE CITY-ST-ZIP: MULBERRY FL	6.1 TITLE	700002298757 -09/22/97--01003--003 ***61.25

14. I do 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: Ruth A. Sebastiano

CR2E037 (4/97)