

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 2: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44844
1. Corporation Name
Deaf Service Center of Polk Co., Inc.

Principal Place of Business: 5150 South Fl. Ave. LAKELAND, FL. 33813
Mailing Address: PO Box 27 LAKELAND, FL. 33802-0027

3. Date Incorporated or Qualified: 8-23-91
4. FEI Number: 59-303-8414
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 5150 So Fl. Ave. Suite, Apt. #, etc. 111 City & State: LAKELAND FL. Zip: 33813 Country: POLK
2a. Mailing Address: PO Box 27, LKLD FL. 33802-0027 Suite, Apt. #, etc. City & State: LAKELAND, FL. Zip: 33802-0027 Country: POLK

9. Name and Address of Current Registered Agent
Ruth Sebastiano
822 Ave x N.W.
Winter Haven, FL.

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Ruth Sebastiano DATE: Oct. 19, 1998

12. OFFICERS AND DIRECTORS
TITLE: President
NAME: Ruth Sebastiano
STREET ADDRESS: 822 Ave x N.W. Winter Haven, FL.
CITY-ST-ZIP:
TITLE: V.P.
NAME: Sandra Sebastiano
STREET ADDRESS: 6107 Donegal W. LAKELAND, FL. 33813
CITY-ST-ZIP:
TITLE: Secretary
NAME: Karen Bailey
STREET ADDRESS: 321 Imperial Blvd. Apt. H81 LAKELAND, FL. 33803
CITY-ST-ZIP:
TITLE: Treasurer
NAME: Mela, Billy
STREET ADDRESS: 411 S. Kentucky Ave LAKELAND, FL.
CITY-ST-ZIP:
TITLE: Director
NAME: Lewis Dale
STREET ADDRESS: 2927 Rossi Lane LAKELAND, FL.
CITY-ST-ZIP:
TITLE: Director
NAME: Hacking, Debra
STREET ADDRESS: 402 9th St. N.E. Mulberry, FL.
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
NAME: Ruth Sebastiano
STREET ADDRESS: 822 Ave x N.W. Winter Haven, FL.
CITY-ST-ZIP: 33813
1.2 NAME: Ruth Sebastiano
1.3 STREET ADDRESS: 822 Ave x N.W. Winter Haven, FL.
1.4 CITY-ST-ZIP: 33813
2.1 TITLE: Change Addition
NAME: Sandra Sebastiano
STREET ADDRESS: 6107 Donegal W. LAKELAND, FL. 33813
CITY-ST-ZIP: 33813
2.2 NAME: Sandra Sebastiano
2.3 STREET ADDRESS: 6107 Donegal W. LAKELAND, FL. 33813
2.4 CITY-ST-ZIP: 33813
3.1 TITLE: Change Addition
NAME: Tim Sims
STREET ADDRESS: 210 Lk. Hollingsworth Dr. Apt 702 LAKELAND, Florida
CITY-ST-ZIP:
3.2 NAME: Tim Sims
3.3 STREET ADDRESS: 210 Lk. Hollingsworth Dr. Apt 702 LAKELAND, Florida
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
NAME: Treasurer: David Romeo
STREET ADDRESS: 2447 Parkland DR. LAKELAND, Florida 33811
CITY-ST-ZIP:
4.2 NAME: David Romeo
4.3 STREET ADDRESS: 2447 Parkland DR. LAKELAND, Florida 33811
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
NAME: ASST. Treasurer: Joanne Sebastiano
STREET ADDRESS: PO Box 664, Brandeton, Florida 34209
CITY-ST-ZIP:
5.2 NAME: Joanne Sebastiano
5.3 STREET ADDRESS: PO Box 664, Brandeton, Florida 34209
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
NAME: ASST. Treasurer: Jenny Lopez
STREET ADDRESS: 1802 Crystal Grove DR. LAKELAND, Florida 33801
CITY-ST-ZIP:
6.2 NAME: Jenny Lopez
6.3 STREET ADDRESS: 1802 Crystal Grove DR. LAKELAND, Florida 33801
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)(f), 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 Sebastiano DATE: 10/19/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 619-7302 644-7770

CR2E037 (10/97)