

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90009 005 ****61.25
 08-11-1999 90009 006 *****8.75

611149-90007-1



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N44844

1. Corporation Name
DEAF SERVICE CENTER OF POLK COUNTY, INC.

Principal Place of Business Mailing Address

5150 SOUTH FL AVENUE P.O. BOX 27
 #111 LAKELAND FL 33802-0027
 LAKELAND FL 33813 US
 US *(Still same address)*

2. Principal Place of Business 21 822 Ave X N.W.	2a. Mailing Address 28 PO Box 27	3. Date Incorporated or Qualified 08/23/1991
Suite, Apt. #, etc. 22 None	Suite, Apt. #, etc. 27 None	4. FEI Number 59-3038414
City & State 23 Winter Haven, Florida	City & State 26 Lakeland, Florida	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33880	Country 29 Polk	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SEBASTIANO, RUTH 822 AVE X N.W. WINTER HAVEN FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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* **Ruth A. Sebastiano** DATE: **1-7-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEBASTIANO, RUTH A 822 AVE X N.W. WINTER HAVEN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Loria M. 1302 Fairbanks St Lakeland, Fl. 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEBASTIANO, SANDRA 8107 DONEGAL WEST LAKELAND FL 33813	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD MRS. KELLY DELVA 2223 Chestnut Hills DR. LAKELAND, FL. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, KAREN 321 IMPERIAL BLVD. APT. 81H LAKELAND FL 33803	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MRS. Dianne Geller 1225 Havendale Blvd. Spring Haven Retirement Center Winter Haven, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, TIM 210 LAKE HOLLINGSWORTH DR. LAKELAND FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMEO, DAVID 2427 PARKLAND DRIVE LAKELAND FL 33811	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SEBASTIANO, JOANNE P.O. BOX 684 ANNA MARIA BRADENTON FL 34209	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Ruth A. Sebastiano* **Ruth A. Sebastiano** DATE: **1-7-99** DAYTIME PHONE #: **941-6447770**

CR2E037 (1/788)

Secretary
Director

N44844
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MRS. Anne Gellce
Springhaven Retirement Center
1225 Havendale Blvd.
Winter Haven
Florida 33881

Director
MRS. Nelly Delva
2223 Chestnut Hills DR
LAKELAND,
Florida 33801

Director
LORIAN M. Thomas
1302 Fairbanks St.
LAKELAND,
Florida 33805