


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90084 023 ****70.00

DOCUMENT # N94000004034
 1. Entity Name
PALMS COMMUNITY CENTER OF THE DEAF, INC.



Principal Place of Business: **2801 N. 3RD ST. ST. AUGUSTINE FL 32096**
 Mailing Address: **73 COQUINA AVE. ST. AUGUSTINE FL 32084**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **58-2140808**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
BUSBY, REV. WALTER
21 MILTON ST.
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DM	<input type="checkbox"/> Delete
NAME	TIBERIO, CARMEN S	
STREET ADDRESS	73 COQUINA AVE.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KERR, THOMAS	
STREET ADDRESS	5 MAY STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, GENEVA	
STREET ADDRESS	9 FLAMINGO DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES L	
STREET ADDRESS	347 LOBELIA RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WATSON, CHARLES A	
STREET ADDRESS	8193 TAYLOR ROAD	
CITY-ST-ZIP	RIVERDALE GA 30274	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RADCLIFFE, DANNY	
STREET ADDRESS	103 BENT OAK DRIVE	
CITY-ST-ZIP	LAKE COMO FL 32157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY JO KERR	
STREET ADDRESS	5 MAY STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen S. Tiberio* **CARMEN S. TIBERIO** 4-27-04 904 829 5383 TDD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #