

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726409

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC3580722939**

**Entity Name:** FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

**Current Principal Place of Business:**

567 GLASTONBURY DR.  
ORLANDO, FL 32825

**Current Mailing Address:**

PO BOX 16804  
JACKSONVILLE, FL 32245 US

**FEI Number:** 52-1232313

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUGLER, THERESA L  
2043 DUNSFORD TERRACE  
UNIT 24  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name LEDO, ADAM  
Address 567 GLASTONBURY DR.  
City-State-Zip: ORLANDO FL 32825

Title VP  
Name SIERRA, ELIEZER  
Address 4724 CAPRI PLACE  
City-State-Zip: ORLANDO FL 32811

Title D/VP  
Name ELLIOT, RACHAEL  
Address 2886 ROXBURY RD.  
City-State-Zip: WINTER PARK FL 32789

Title DT  
Name BUGLER, THERESA L  
Address 2043 DUNSFORD TERRACE, UNIT 24  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name MOORE, CARRIE  
Address 1486 LOMAN COURT  
City-State-Zip: PALM HARBOR FL 34683

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THERESA BUGLER

**TREASURER**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date