

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

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

Current Principal Place of Business:

4137 DAVENTRY LANE
PALM HARBOR, FL 34685

FILED
Feb 06, 2022
Secretary of State
2504368028CC

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:

HOUGHTALING, KENNETH WILLIAM
4137 DAVENTRY LN
PALM HARBOR, FL 34685 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: KENNETH W HOUGHTALING II

02/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOUGHTALING, KENNETH
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title VICE PRESIDENT OF INTERNAL
 AFFAIRS
Name DIEHL, HOPE
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title TREASURER
Name ELLISON, KAYLA
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title SECRETARY
Name TEMPE, HOLLI
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title VICE PRESIDENT OF EXTERNAL
 AFFAIRS
Name MAGEE, SHONNA
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title MEMBER AT LARGE
Name HOOVER, MARY
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

Title DEAF MEMBER AT LARGE
Name SMITH, JAMES
Address PO BOX 16804
City-State-Zip: JACKSONVILLE FL 32245

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: KENNETH W. HOUGHTALING II

PRESIDENT

02/06/2022

Electronic Signature of Signing Officer/Director Detail

Date