

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005154

**FILED  
Mar 19, 2014  
Secretary of State  
CC9910624478**

**Entity Name:** ARLETE ROCHA FOUNDATION FOR THE DEAF, INC.

**Current Principal Place of Business:**

2370 LYNN LAKE COURT SOUTH  
UNIT F  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

2370 LYNN LAKE COURT SOUTH  
UNIT F  
ST. PETERSBURG, FL 33712 US

**FEI Number:** 90-0945412

**Certificate of Status Desired:** Yes

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

ROCHA, MARIA A  
2370 LYNN LAKE COURT SOUTH  
UNIT F  
ST. PETERSBURG, FL 33712 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 DP  
Name ROCHA, MARIA A  
Address 2370 LYNN LAKE COURT SOUTH  
UNIT F  
City-State-Zip: ST. PETERSBURG FL 33712

Title D  
Name IVERSON, RONALD  
Address 8454 111TH ST NORTH APT 307  
City-State-Zip: SEMINOILE FL 33772

Title D  
Name LAWRENCE, GREGORY  
Address 2320 BEE RIDGE RD LOT 48  
City-State-Zip: SARASOTA FL 34239

Title DST  
Name POLETTO, FELIPE  
Address 10703 LAKE CARROL WAY  
City-State-Zip: TAMPA FL 33618

Title DV  
Name LEWIS, SCOTT  
Address 4100 6TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

*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:** MARIA ARLETE ROCHA

**PRESIDENTE/DIRETOR**

**03/19/2014**

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

\_\_\_\_\_  
Date