

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30800

Entity Name: DEAF AND HARD OF HEARING SERVICES OF THE TREASURE COAST, INC.**FILED**
Feb 03, 2014
Secretary of State
CC6765100383**Current Principal Place of Business:**1016 NE JENSEN BEACH BLVD.
COMMERCIAL PLAZA
JENSEN BEACH, FL 34957**Current Mailing Address:**1016 NE JENSEN BEACH BLVD.
COMMERCIAL PLAZA
JENSEN BEACH, FL 34957 US**FEI Number: 65-0147688****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOTTLER, RICHARD J JR.
5955 SE RIVERBOAT DRIVE
#623
STUART, FL 34997 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: RICHARD J. KOTTLER JR****02/03/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	CURRAN, HUGH M.
Address	814 SW AMETHIST TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VD
Name	ROYER, ELIZABETH A.
Address	1674 SW MERIDIAN AVE.
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	SD
Name	CURRAN, KAREN
Address	814 SW AMETHIST TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	TD
Name	CORLEY, JEFF
Address	481 N.W. BROKEN OAK TRAIL
City-State-Zip:	JENSEN BEACH FL 34957

Title	ED
Name	KOTTLER, RICHARD J. JR.
Address	5955 SOUTHEAST RIVERBOAT DR #623
City-State-Zip:	STUART FL 34997

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: RICHARD J. KOTTLER JR.**EXECUTIVE DIRECTOR****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date