## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DO	CUMENT poration Name	# 70207	5 (	3)		
ST. PETERSBURG ASSOCIATION OF THE DEAF, INC.						
Principal Place of Business Mailing Address					T HEATH CONTACT THE TOTAL CONTACT CONTACT THE DIGHT BIRTH	
	2730 TH AVENUE NORTH 8 PARK FL 34664	ı	P.O.BOX 2730 7190 76TH AVENUE NORTH PINELLAS PARK FL 34664			3. Date Incorporated or Qualified  02/28/1961  4. FEI Number  Applied For
				<u> </u>		<b>59-2498393</b> Not Applicable
Principal Place of Business     21			2a. Mailing Address			Certificate of Status Desired     Section
I Suite, Apt. #, etc.			Suite, Apt. #, etc.			Election Campaign Financing \$5.00 May Be
22 City & State			City & State			Trust Fund Contribution Added to Fees
23			28			7. Is this nonprofit corporation a homeowners association?
Zip		Country	Zip		Country	8. This corporation owes or has paid the current year Intangible
24	- 11	25	29	30	l	Personal Property Tax due June 30. Yes No
<b></b>	g, Name	and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
N.	EAL, WILLIAM C.					
2232 GLENMOOR RD. N.					62 Street	at Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34624					83	
					84 City	FL 85 Zip Code
11. Pu	suant to the provide	sions of Sections 617.050	2 and 617.1508, Flor	ida Statutes, t	the above-named	
offi age	ce or registered ag ent. I am familiar w	gent, or both, in the State ith, and accept the oblig	of Florida. Such cha ations of, Section 617	nge was auth 7.0503, Florida	orized by the cor a Statutes.	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNAT		I or printed name of registered age		-2	ment of the second	That (4/21, 1990
12.	Signature, types		ent and title if applicable	(MOTE: RIS	glatered Agent signatur 13.	re poured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	OF FICE AN		ELETE	1.1 TITLE	PD Change Addition
NAME	,	PE, JOE			12 NAME >	
STREET AL	oress 2650 Pl	EARCE DR., #307			T.3 STREET ADDRESS	SPENCER, ROV 14586 FALL CINCLE
CITY-ST-		WATER FL			1.4 CITY-ST-ZIP	TAIN PIA, FL
TITLE	V20		191	ELETE	21 TITLE	☐ Change ☐ Addition
NAME		ER FRON			2.2 NAME	SHOUGHE, JOH 3150 POAKCE DR. #307
STREET AL	i diama	ALL CIRCLE			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	CLEAR WATBLE, FL
TITLE	80	<del>''</del>		ELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, I	MILIAM			3.2 NAME	
STREET AC	ORESS 2232 G	LENMOOR RD. N.		ľ	3.3 STREET ADDRESS	
CITY-ST-		NATER FL			3.4. CITY-ST-ZIP	
TITLE	TD	NOW ADDRESS	<u> </u>	ELETE	4.1 TITLE	Change Addition
NAME STREET AC		OCK, JOHN EVILLE BLVD., #101			4. 2 NAME 4.3 STREET ADDRESS	,
CITY-ST-		NATER FL			4.4 CITY-ST-ZIP	
TITLE				ELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ļ				5.2 NAME	
STREET AC	ORESS				5.3 STREET ADDRESS	\$
CITY-ST-	TAP			F. Fre	5.4 CITY-ST-ZIP	
TITLE	- 1		L.)	ELETÉ	6.1 TITLE	☐ Change ☐ Addition
NAME				ł	6.2 NAME	,
STREET AD	UPIESS I				6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 05 1998 8:00am

Secretary of State