2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/27/2004-90039-019-$70.00-$70.00

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DOCUMENT # 702075

1. Entity Name
WEST CENTRAL FLORIDA ASSOCIATION OF THE DEAF, INC.

Principal Place of Business	Mailing Address
DAV-9 4801 37TH ST N SAINT PETERSBURG, FL 33714	2623 SEVILLE BLVD, #101 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2498393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAYLOCK, JOHN
2623 SEVILLE BLVD, #101
CLEARWATER, FL 33764

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPENCER, RONALD
STREET ADDRESS	803 E. BROAD ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VPD
NAME	DIVINCENZO, FRANK
STREET ADDRESS	7100 ULMERTON DR #2044
CITY-ST-ZIP	LARGO, FL 33771
TITLE	SD
NAME	NEAL, WILLIAM C
STREET ADDRESS	2282 GLENMOOR RD N.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	TD
NAME	BLAYLOCK, JOHN
STREET ADDRESS	2623 SEVILLE BLVD., #101
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Blaylock John Blaylock 3/5/04 727-797-7853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #