

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90100 019 \*\*\*\*70.00

<b>DOCUMENT # 702075</b> 1. Entity Name <b>WEST CENTRAL FLORIDA ASSOCIATION OF THE DEAF, INC.</b>			
Principal Place of Business <b>DAV-9</b> <b>4801 37TH ST N</b> <b>SAINT PETERSBURG, FL 33714</b>		Mailing Address <b>2623 SEVILLE BLVD, #101</b> <b>CLEARWATER, FL 33764</b>	
2. Principal Place of Business <b>2612 PEARCE DR.</b> Suite, Apt. #, etc. <b>#306</b> City & State <b>CLEARWATER</b> Zip <b>33764</b>		3. Mailing Address <b>2612 PEARCE DR.</b> Suite, Apt. #, etc. <b>306</b> City & State <b>CLEARWATER, FL</b> Zip <b>33764</b>	
4. FEI Number <b>59-2498393</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BLAYLOCK, JOHN</b> <b>2623 SEVILLE BLVD, #101</b> <b>CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent Name <b>Blaylock, John W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2612 PEARCE DR. #306</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33764</b>	
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 <u><i>John W. Blaylock</i></u> <b>John W. Blaylock</b> <u>1/17/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, RONALD 803 E. BROAD ST TAMPA, FL 33604	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DMINCENZO, FRANK 7100 ULMERTON DR #2044 LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEAL, WILLIAM C 2292 GLENMOOR RD N. CLEARWATER, FL 33764	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAYLOCK, JOHN 2623 SEVILLE BLVD., #101 CLEARWATER, FL 33764	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITMORE, J. O. JR. 13622 WESTWAY N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 2612 PEARCE DR. #306	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 2612 PEARCE DR. #306	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John W. Blaylock, Treasurer</i></u> <b>John W. Blaylock</b> <u>1/17/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

727-749-7853  
TDD