

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90325 039 ****70.00

DOCUMENT # 702075

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



Principal Place of Business
**2612 PEARCE DR
#306
CLEARWATER, FL 33764**

Mailing Address
**2612 PEARCE DR
#306
CLEARWATER, FL 33764**

50010286



2. Principal Place of Business
3151 LANDMARK DR.

3. Mailing Address
3151 LANDMARK DR.

Suite, Apt. #, etc.
SUITE # 111

Suite, Apt. #, etc.
SUITE # 111

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip Country
33761 PINELLAS

Zip Country
33761 PINELLAS

01032006 Chg-NP CR2E037 (11/05)

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 W
2612 PEARCE DR #306
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name **JEROME W. PEOPLES**
Street Address (P.O. Box Number is Not Acceptable)
**3151 LANDMARK DR.
SUITE # 111**
City **CLEARWATER** FL **33761**

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 **JEROME W. PEOPLES**
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4.5.06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, RONALD 803 E. BROAD ST TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIVINCENZO, FRANK 7100 ULMERTON DR #2044 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITMORE, JUDITH 13622 W. ST WAY NORTH CLEARWATER, FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAYLOCK, JOHN 2612 PEARCE DR #306 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN W. BLAYLOCK 2612 PEARCE DR. #306 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARAH HARRIS 7024 47TH ST. N. PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD → SAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEROME W. PEOPLES 3151 LANDMARK DR. SUITE # 111 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER AT LARGE KATHY VAN KUREN 2450 35TH N. # 1401 PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NEAL 2282 GLENWOOD RD N. CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **JEROME W. PEOPLES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4.6.06 727-786-2013
Date Daytime Phone #

TTY