

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

3, Sep 05, 2008 8:00 am
Secretary of State

03-12-2008 90024 039 ****70.00

DOCUMENT # 702075

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



Principal Place of Business
3151 LANDMARK DR STE 111
CLEARWATER, FL 33761

Mailing Address
3151 LANDMARK DR STE 111
CLEARWATER, FL 33761

66016363



2. Principal Place of Business - No P.O. Box #

2612 PEARCE DR.

3. Mailing Address

P.O. Box 8543

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

07142008

Chg-NP

CR2E037 (12/06)

City & State
CLEARWATER, FL

City & State
CLEARWATER FL

4. FEI Number
APPLIED FOR 59-2498393

Applied For
Not Applicable

Zip
33764

Country

Zip
33717-8543

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEPLER, JEROME W.
3151 LANDMARK DR STE 111
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name
John W. Blaylock
Street Address (P.O. Box Number is Not Acceptable)
2612 PEARCE DR # 306
City
CLEARWATER FL 33764

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: RONALD C. SPENCER 7-15-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

Filing Fee is \$81.25
Due by September 12, 2008

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 PD
NAME BLAYLOCK, JOHN W
STREET ADDRESS 2612 PEARCE DR 306
CITY-STATE-ZIP CLEARWATER, FL 33764 ☒ Delete

TITLE VPD
NAME HARRIS, SARAH
STREET ADDRESS 7924 4TH ST N
CITY-STATE-ZIP PINELLAS PARK, FL 33781 ☒ Delete

TITLE SD
NAME WHITMORE, JUDITH
STREET ADDRESS 13622 W. ST WAY NORTH
CITY-STATE-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE TD
NAME PEEPLES, JEROME W
STREET ADDRESS 3151 LANDMARK DR STE 111
CITY-STATE-ZIP CLEARWATER, FL 33761 ☒ Delete

TITLE MAL
NAME VANKUREN, KATHY
STREET ADDRESS 7450 36TH N 1401
CITY-STATE-ZIP PINELLAS PARK, FL 33781 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RONALD C. SPENCER SR
STREET ADDRESS 603 E. BROAD ST.
CITY-STATE-ZIP TAMPA FL 33604 ☒ Change ☐ Addition

TITLE VP
NAME SARAH D. VINCENZO
STREET ADDRESS 7100 ULMARION RD # 2041
CITY-STATE-ZIP LARGO, FL 33771 ☒ Change ☐ Addition

TITLE SD
NAME JUDITH A. WHITMORE
STREET ADDRESS 13622 W. ST WAY N
CITY-STATE-ZIP CLEARWATER, FL 33760 ☐ Change ☒ Addition

TITLE TD
NAME JOHN W. BLAYLOCK
STREET ADDRESS 2612 PEARCE DR # 306
CITY-STATE-ZIP CLEARWATER, FL 33764 ☒ Change ☐ Addition

TITLE CT
NAME ROY PARKER
STREET ADDRESS 1275 BELCHER RD #88
CITY-STATE-ZIP DUNEDIN, FL 33698 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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 817, 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: RONALD C. SPENCER 7-15-08 833-232-7201
Signature and typed or printed name of signing officer or director Date Uniform Phone #

ATTACHMENT

66016363
702075

FLA. DEPT OF RESERVE
CERT. OF REGISTER
85-801264629C-8
IRS. Employer Identification Number
59-2498393