2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702075

FILED Feb 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2612 PEARCE DR.

#306

CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

P.O. BOX 8543

CLEARWATER, FL 33764

FEI Number: 59-2498393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEEPLES, JEROME W
2612 PEARCE DR #306
2612 PEARCE DR #306

CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US

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.

SIGNATURE: JOHN W. BLAYLOCK 02/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 SPENCER, SR., RONALD G
 Name:
 SPENCER, SR., RONALD C

 Address:
 803 E. BROAD ST
 Address:
 803 E. BROAD ST

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

Title: VP () Delete Title: () Change () Addition

 Name:
 DIVINCENZO, JANET
 Name:

 Address:
 7100 ULMERTON RD #2641
 Address:

 City-St-Zip:
 LARGO, FL 33771
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 WHITMORE, ÜÜDITH A
 Name:

 Address:
 13622 W. ST WAY NORTH
 Address:

 City-St-Zip:
 CLEARWATER, FL 33760
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 BLAYLOOK, JOHN W
 Name:

 Address:
 2612 PEARCE DR., #306
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: CT () Delete Title: () Change () Addition

 Name:
 PARKER, ROY
 Name:

 Address:
 1275 BELOMEN RD #88
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. BLAYLOCK TD 02/07/2009