

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704844

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF THE DEAF

**Current Principal Place of Business:**

5107 14TH ST W  
BRADENTON, FL 342072431

**New Principal Place of Business:**

**Current Mailing Address:**

5107 14TH ST W  
BRADENTON, FL 342072431

**New Mailing Address:**

**FEI Number:** 59-6153406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNN, SHERI  
5107 14TH ST W  
BRADENTON, FL 342072431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WAGNER, CHRISTOPHER D  
Address: 5107 14TH ST W  
City-St-Zip: BRADENTON, FL 342072431

Title: VP ( ) Delete  
Name: PETERSON, JIMMY  
Address: 5107 14TH STREET W  
City-St-Zip: BRADENTON, FL 342072431

Title: S ( ) Delete  
Name: MOLINA, LISSETTE M  
Address: 5107 14TH STREET W  
City-St-Zip: BRADENTON, FL 342072431

Title: T ( ) Delete  
Name: DUNN, SHERI  
Address: 5107 14TH STREET W  
City-St-Zip: BRADENTON, FL 342072431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERI L DUNN

T

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date