## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704844** 

FILED Mar 23, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF THE DEAF

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

11145 SANDYSHELL WAY 8415 125TH COURT BOCA RATON, FL 33498 SEMINOLE, FL 33776

Current Mailing Address: New Mailing Address:

PO BOX 971134 8415 125TH COURT SCHINOLE, FL 334971134 SEMINOLE, FL 33776

FEI Number: 59-6153406 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DUNN, SHERI
11145 SANDYSHELL WAY
BOCA RATON, FL 33498 US
DUNN, SHERI
8415 125TH COURT
SEMINOLE, FL 33776 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: SHERI L. DUNN 03/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: LANGE, ANDY J Name:

 Name:
 LANGE, ANDY J
 Name:

 Address:
 9 FLAMINGO DRIVE
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: WATSON. MELISSA Name: DIGIOVANNI. RYAN

 Name:
 WATSON, MELISSA
 Name:
 DIGIOVANNI, RYAN

 Address:
 2787 SOUTHLAND RD
 Address:
 466 ORIOLE LANE

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 JUPITER, FL 33458

Title: S () Delete Title: () Change () Addition

 Name:
 VEGA, REY
 Name:

 Address:
 3569 FOREST HILL BLVD UNIT #97
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:

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

 Name:
 DUNN, SHERI
 Name:
 DUNN, SHERI

 Address:
 11145 SANDYSHELL WAY
 Address:
 8415 125TH COURT

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:
 SEMINOLE, FL 33776

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: SHERI L. DUNN T 03/23/2009