FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTME IT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

720321

(9)

DOCUN 1. Corporation	MENT # 720321	l (9)			
,	BAY ASSOCIATION OF TH	E DEAF, INC.		1 (O DITE 18616 1891 0 DITE 1811 1861	INDS DEREN BEDEN BEREIT BEREIT BEREIT BEREIT LANS
Principal Place of Business		Mailing Address			
P.O. BOX 7104 TAMPA FL 33673		PO BOX 24024 TAMPA FL 33673		600001856156 -06/07/9601077038	
IAMPA PE 330/3		US		3. Date incorporated or Qualified 3a. Date of Last Report	
				02/23/1971	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-2483388	Applied For Not Applicable
Suite, Apt. #	t etc.	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
1	25 9. Name and Address of Curren	29	30	Florida Statutes L 10. Name and Address of New R	Yes No egistered Agent
	9. Name and Address of Curre	it Registered Agent	B1 Name		
DANTON	I, THOMAS		82 Street A	ddress (P.O. Box Number is Not Acceptab	Jolteren-Dubra
3206 CARLTON ARMS DR				Westwinds &	Drive
#A			83		
TAMPA F	L 33614		84 City	110 100	EI 85 Zip Code
	N	2 and 617 1509 Florida Statutor	the about named cor	poration submits this statement for the pur	FL 34(83
 Pursuant t or register 	ed agent, or both, in the State of Flori	ida. Such change was authorize	d by the corporation's b	poration submits this statement for the pur- loard of directors. I hereby accept the appo	intment as esistered agent. I am
	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	ren-Da	R(n)	8-40-910
IGNATURE _	Signature, typed or printed name of registered agen	Tand title if applicable. (NOT	E: Rogistered Agent signature re:	guired when reinstating)	DATE
2.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TLE	PD WILLIAMS, WAYNE	DELETE	1.1 TITLE 1.2 NAME	P.D. ROD ZAPPATA P.O. BOX 25841	/ A
ime Reet address	8010 ELM ST		1.3 STREET ADDRESS	V.O. Box 25841	N/A
TY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FLA. 3	3423
TLE	TD	DELETE	2 1 TITLE	V.P DAVID BUGBER 5815 BERTA C	Change Addition
AME	SPENCER, RONALD		2.2 NAME	5815 BERTA C	inde
TREET ADDRESS	14526 FALL CIR		2.3 STREET ADDRESS		
ITY-ST-ZIP	TAMPA FL PD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	T. RELINDA VIND	3417 offersblohamed uBaddison UDS DRIVE
TLE Ame	ZAPATA, RODRIGO		3.2 NAME	II BELTADA OINO	She Day
REET ADDRESS	6010 BARRY RD		3.3 STREET ADDRESS		
TY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	Palm HARBO	rc, 764. 34683
TILE	8	DELETE	41 TITLE	3. Michelle Morri	Change Addition
IAME	BARNES, KELLY 4004 W RIVERS PL #205		4. 2 NAME	2115 Jur LAKES	RD # P.2
TREET ADDRESS	TAMPA FL		4.3 STREET ADDRESS	Tompa, FLA. 33	
CITY-ST-ZIP	AT	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	A.T.	Change Addition
NAME	WALES JOANNE	-	5.2 NAME	WALES JUANNE	5/,
STREET ADDRESS	6010 BARRY RD		5.3 STREET ADDRESS		\mathcal{U}_{\bullet}
DITY-ST-ZIP	TAMPA FL 33634		5 4 CITY-ST-ZIP	40 10 BARRY RD 336	34 -31.15
TITLE	A/D PREMIETED MEITH C	DELETE	6.1 TITLE	A.D. Tom Muell	Change Addition
NAME	BREWSTER, KEITH C. 110 HIGHLAND RD		6.2 NAME 6.3 STREET ADDRESS	6230-994	circle N,
STREET ADDRESS	TARPON SPRINGS FL		6.4 CITY-ST-ZIP	PINELL AS	PARK, FLA. 34660
CITY-ST-ZIP 14. I do heret	- 4% - 44 - 1 45 - 1 information ourselies	d with this filing is voluntarily furn	ished and does not aug	lify for the exemption stated in Section 119	07(3)(k). Florida Statutes, I further
certify that	at the information indicated on this and t Lam an officer or director of the corr	nual report or supplemental anni poration or the receiver or truster	ual report is true and ac e empowered to execut	curate and that my signature shall have the e this report as required by Chapter 617, F	lorida Statutes; and that my name
appears i	n Block 12 or Block 13 if changed, or	r on an attachment with an addr	'ACC / \		17/6 1-8/1 -8-1-8-
SIGNAT	TURE: No.6	orah is 1100	LOUTON	n-Dubrow 2/15/	16 (813)942-3333
J.W.17	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #