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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720321 (9)

1. Corporation Name

TAMPA BAY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7104
TAMPA FL 33673PO BOX 24024
TAMPA FL 33623-4024
US

3. Date Incorporated or Qualified

02/23/1971

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBROW-DOLTEREN VON, DEBORAH B.
411 WESTWINDS DR.
PALM HARBOR FL 34683

81 Name

WALBS, JOANNE, H.

82 Street Address (P.O. Box Number is Not Acceptable)

6010 BARRY ROAD

83

84 City

TAMPA, FLA.

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Joanne H. Walbs

1/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAPPATA, ROD	
STREET ADDRESS	PO BOX 25861 (N/A)	
CITY-ST-ZIP	TAMPA FL 33623	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPENCER, SC., RONALD	
1.3 STREET ADDRESS	14526 FALL CIRCLE	
1.4 CITY-ST-ZIP	Tampa, FLA. 33613	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUGBEE, DAVID	
STREET ADDRESS	5815 BERTA CIR.	
CITY-ST-ZIP	TAMPA FL 33617	

2.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAVEY JAMES L.	
2.3 STREET ADDRESS	4903-BE Temple Heights Rd	
2.4 CITY-ST-ZIP	Tampa, FLA. 33617	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DUBROW-DOLTEREN VON, BELINDA	
STREET ADDRESS	411 WESTWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	

3.1 TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALBS, JOANNE H.	
3.3 STREET ADDRESS	6010 BARRY ROAD	
3.4 CITY-ST-ZIP	TAMPA, FLA. 33634	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, MICHELLE	
STREET ADDRESS	2115 TWO LAKES RD., #P.2	
CITY-ST-ZIP	TAMPA FL 33604	

4.1 TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mc DONALD, JIM	
4.3 STREET ADDRESS	1814 FOREST DRIVE	
4.4 CITY-ST-ZIP	OLDSMAR, FLA. 34677	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	WALBS, JOANNE	
STREET ADDRESS	6010 BARRY RD.	
CITY-ST-ZIP	TAMPA FL 33634-3205	

5.1 TITLE	A.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FARRELL, MARY KAYE	
5.3 STREET ADDRESS	5533 - 16th LANE N.E	
5.4 CITY-ST-ZIP	St. Petersburg, FLA. 33703	

TITLE	AD	<input type="checkbox"/> DELETE
NAME	MUELLER, TOM	
STREET ADDRESS	6230-99TH CIRCLE N.	
CITY-ST-ZIP	PINELLAS PARK FL 34666	

6.1 TITLE	AD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MUELLER, TOM	
6.3 STREET ADDRESS	6230-99th Circle N.	
6.4 CITY-ST-ZIP	PINELLAS PARK, FL 34666	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne H. Walbs

1/17/97

813-886-7583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048622

CR2E037 (9/96)