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**Mar 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 720321**

1. Corporation Name

**TAMPA BAY ASSOCIATION OF THE DEAF, INC.**

Principal Place of Business

P.O. BOX 7104  
TAMPA FL 33673

Mailing Address

PO BOX 24024  
TAMPA FL 33673  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/23/1971

4. FEI Number

59-2483388

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WALES, JOANNE H  
6010 BARRY RD  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name **RONALD C. SPENCER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**803 E. BROAD ST.**

83

84 City **Tampa**

FL

85 Zip Code  
**33604**

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

*Ronald C. Spencer*

**RONALD C. SPENCER** 3-10-99

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SPENCER, RONALD S  
STREET ADDRESS 14526 FALL CIR  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE  
NAME RANEY, JAMES L  
STREET ADDRESS 4903 BE TEMPLE HEIGHTS RD  
CITY-ST-ZIP TAMPA FL

TITLE T ☒ DELETE  
NAME WALES, JOANNE H  
STREET ADDRESS 6010 BARRY RD  
CITY-ST-ZIP TAMPA FL

TITLE S ☒ DELETE  
NAME MC DONALD, JIM  
STREET ADDRESS 1814 FOREST DR  
CITY-ST-ZIP OLDSMAR FL

TITLE AT ☒ DELETE  
NAME FARRELL, MARY KAYE  
STREET ADDRESS 5533 16TH LN NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE AD ☒ DELETE  
NAME MUELLER, TOM  
STREET ADDRESS 6230-99TH CIRCLE N.  
CITY-ST-ZIP PINELLAS PARK FL 34666

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **803 E. BROAD ST.**  
1.4 CITY-ST-ZIP **Tampa FL 33604**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **13609 N. 20th St. Apt. 1**  
2.4 CITY-ST-ZIP **Tampa FL 33613**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **Ruth Smith  
166 Hampton Rd Lot 2**  
3.4 CITY-ST-ZIP **CLEARWATER, FL 33759**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **Mary Bramblett  
3112 Nundy Rd**  
4.4 CITY-ST-ZIP **Tampa FL 33618**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **AD CLARENCE WILES  
6010 BARRY Rd**  
6.4 CITY-ST-ZIP **Tampa FL**

14. I 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, with all other like empowered.

SIGNATURE:

*Ronald C. Spencer*

**RONALD C. SPENCER** 813) 236-8302 TPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)