

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

FILED
May 02, 2005
Secretary of State

Entity Name: FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

Current Principal Place of Business:

PO BOX 5112
JACKSONVILLE, FL 32247 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5112
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 52-1232313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHAEFERMEYER, LISA
11505 MURCOTT WA
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

TUCKER, DEBORAH
939 WOLFE STREET
JACKSONVILLE, FL 32205 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: DEBORAH BARRIGAR TUCKER

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SHAEFERMEYER, LISA
Address: 11505 MURCOTT WAY
City-St-Zip: LAND O LAKES, FL 34639 US

Title: D/VP () Delete
Name: BLAYLOCK, ALI S
Address: 5699 SE MITZI LANE
City-St-Zip: MARIANNA, FL 32447

Title: DV () Delete
Name: SMITH, LAURIE
Address: PO BOX 11812
City-St-Zip: DAYTONA BEACH, FL 32120

Title: DS () Delete
Name: STOKEM, BEVERLY
Address: 318 EASTLAKE DR
City-St-Zip: LAKE LAND, FL 33803

Title: DT () Delete
Name: TUCCELLI, MIKE DR.
Address: 9-B SEVILLA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: E () Delete
Name: DAWES, CINDY
Address: 15350 AMBERLY DR #2911
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/VP (X) Change () Addition
Name: BLAYLOCK, ALI S
Address: 5699 SE MITZI LANE
City-St-Zip: STUART, FL 34997

Title: DV (X) Change () Addition
Name: SMITH, LAURIE
Address: 4901 SUNBEAM ROAD, APT., # 504
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: DT (X) Change () Addition
Name: TUCKER, DEBORAH B
Address: 939 WOLFE STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: E (X) Change () Addition
Name: DAWES, CINDY
Address: 30927 BURLEIGH DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBORAH BARRIGAR TUCKER

TREA

05/02/2005

Electronic Signature of Signing Officer or Director

Date