

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

5699 SE MITZI LANE
STUART, FL 34997 US

New Principal Place of Business:

5709 N. BRANCH AVE
TAMPA, FL 33604 US

Current Mailing Address:

P O BOX 451988
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 52-1232313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARDING, TERRI
10154 NW 32 STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: BLAYLOCK, ALI
Address: 5699 SE MITZI LANE
City-St-Zip: STUART, FL 34997 US

Title: D/V P () Delete
Name: COSTA, GEORGE
Address: 1146 JADE EAST LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: DV () Delete
Name: SMITH, ANDREA
Address: 2204 VALLEYBROOK AVE
City-St-Zip: VALRICO, FL 33594

Title: DS () Delete
Name: SCHISLER, TERRI
Address: 935 FARMINGTON RD.
City-St-Zip: PENSACOLA, FL 32504

Title: DT () Delete
Name: HARDING, TERRI
Address: 10154 NW 32 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: E () Delete
Name: REEVES, PATRICIA
Address: 13030 PORT COURT
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: CAMPBELL, GARY
Address: 5709 N. BRANCH AVE
City-St-Zip: TAMPA, FL 33604 US

Title: D/V P (X) Change () Addition
Name: SMITH, ANDREA
Address: 7120 EARLY GOLD LANE
City-St-Zip: RIVERVIEW, FL 33578

Title: DV (X) Change () Addition
Name: TRAPANI, ROSEANNE
Address: 729 BISTLINE AVE
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: M (X) Change () Addition
Name: FALES, VICKY
Address: 2625 PINWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: TERRI HARDING

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date