

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726409

FILED
Feb 20, 2011
Secretary of State

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

Current Principal Place of Business:

935 FARMINGTON ROAD
PENSACOLA, FL 32504 US

New Principal Place of Business:

7871 NW 194TH TERRACE
MIAMI LAKES, FL 33015 US

Current Mailing Address:

P O BOX 451988
SUNRISE, FL 33345 US

New Mailing Address:

PO BOX 173537
HIALEAH, FL 33017 US

FEI Number: 52-1232313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEZ, KIMBERLY
7871 NW 194TH TERRACE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

DIEZ, KIMBERLY
7871 NW 194TH TERRACE
MIAMI LAKES, FL 33015 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: KIMBERLY DIEZ

02/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: SCHISLER, TERRI
Address: 935 FARMINGTON ROAD
City-St-Zip: PENSACOLA, FL 32504 US

Title: DVP
Name: MCCARTHY, CHARLENE
Address: 733 AUTUMNCREST DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: DV
Name: CARR, BARBARA
Address: 1654 DESTINY BLVD. #307
City-St-Zip: KISSIMMEE, FL 34741

Title: DS
Name: POPE, SUE ANN
Address: 6940 BETTY LOU COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DT
Name: DIEZ, KIMBERLY
Address: 7871 NW 194TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33015 US

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY DIEZ

DT

02/20/2011

Electronic Signature of Signing Officer or Director

Date