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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 741683

1. Corporation Name

BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.

Principal Place of Business

7190 76 ST N.
P O BOX 2730
PINELLAS PARK FL 34664-9730

Mailing Address

7190 76 ST N.
P O BOX 2730
PINELLAS PARK FL 34664-9730



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/21/1978

4. FEI Number
59-1660842

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

BLAYLOCK, JOHN W.
2623 SEVILLE BLVD #101
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

John W. Blaylock

(NOTE: Registered Agent signature required when reinstating)

2/2/99

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

12. OFFICERS AND DIRECTORS

TITLE P
NAME SPENCER, RONALD C.
STREET ADDRESS 14526 FALL CIR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE V
NAME PIERRE LAMONTAGNE
STREET ADDRESS 4568 GREAT LAKES DR S
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE S
NAME MARJORIE WOLFE
STREET ADDRESS 2009 PEARCE DR #102
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE T
NAME BLAYLOCK, JOHN W.
STREET ADDRESS 2623 SEVILLE BLVD #101
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME JOLINE, MARIE D
STREET ADDRESS 601 E. ROSERY RD #604
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE D
NAME WILLIAM NEAL
STREET ADDRESS 2232 GLENMOOR RD N
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

6.4 CITY-ST-ZIP

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:

John W. Blaylock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

727-797-7853

Daytime Phone #

CR2E037 (11/98)