2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 741683

1. Entity Name
BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2641 SEVILLE BLVD CLEARWATER, FL 33764	2623 SEVILLE BV 101 CLEARWATER, FL 34664-9730

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01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1660842

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UH00000084811
03/11/04-00022-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPENCER, RONALD C.
STREET ADDRESS	14526 FALL CIR.
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	PARKER, ROY
STREET ADDRESS	1275 BELCHER RD #88
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S
NAME	WHITMORE, JUDITH
STREET ADDRESS	13622 61ST WAY N
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	T
NAME	BLAYLOCK, JOHN W.
STREET ADDRESS	2623 SEVILLE BLVD #101
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	DICKERSON, MAGGIE
STREET ADDRESS	8832 BOBLLINA RD
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	WILLIAM NEAL
STREET ADDRESS	2232 GLENMOOR RD N
CITY-ST-ZIP	CLEARWATER, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Blaylock John W. Blaylock 3/4/04 727-797-7853 TDD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #