


FILED
Feb 07, 2005 8:00 am
Secretary of State

50011683

DOCUMENT # 741683			
1. Entity Name BAY AREA DEAF SENIOR CITIZENS OF FLORIDA, INC.		02-07-2005 90101 018 ***70.00	
Principal Place of Business 2641 SEVILLE BLVD CLEARWATER, FL 33764		Mailing Address 2623 SEVILLE BV 101 CLEARWATER, FL 34664-9730	
2. Principal Place of Business 2612 PEARCE DR. Suite, Apt. #, etc. #306 City & State CLEARWATER Zip 33764		3. Mailing Address 2612 PEARCE DR. Suite, Apt. #, etc. 306 City & State CLEARWATER, FL. Zip 33764	
01172005 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-1660842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAYLOCK, JOHN W. 2623 SEVILLE BLVD #101 CLEARWATER, FL 34624		7. Name and Address of New Registered Agent Name BLAYLOCK, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 2612 PEARCE DR. #306 City CLEARWATER FL Zip Code 33764	
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 John W. Blaylock <i>John W. Blaylock</i> 1/17/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, RONALD C. 14526 FALL CIR. TAMPA, FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER RONALD C 803 E. BROAD ST Tampa, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, ROY 1275 BELCHER RD #88 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITMORE, JUDITH 13822 61ST WAY N CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAYLOCK, JOHN W. 2623 SEVILLE BLVD #101 CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Blaylock, John W. 2612 PEARCE DR. #306 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, MAGGIE 8832 BOBLLINA RD PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM NEAL 2232 GLENMOOR RD N CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John W. Blaylock, Treasurer</i> 1/17/05 727-797-72			