2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 743067

Entity Name: PALM BEACH COUNTY ASSOCIATION OF THE DEAF, INC.

Current Principal Place of Business:

PALM BCH COUNTY ASSOC.
3901 DAVIS RD
LAKE WORTH, FL 334613609 US

New Principal Place of Business:

Current Mailing Address:

PALM BCH COUNTY ASSOC.
3901 DAVIS RD
LAKE WORTH, FL 334613609 US

New Mailing Address:

FEI Number: 59-2403960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUART, ADELE K
10119 42ND TERRACE S #129
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

SHUART, ADELE K
10119 42ND TERRACE SOUTH
#129
BOYNTON BEACH, FL 33436 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: _____ 04/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SHUART, ADELE K
Address: 10119 42ND TERR S #129
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P ( ) Delete
Name: WHETHAM, MAUREEN
Address: 1636 OAK BERRY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: TROPP, DAVID
Address: 7852 MANSFIELD HOLLOW
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete
Name: KARP, ALLAN H
Address: 3746 SPRING CREST COURT
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: SILBERSTEIN, JOEL
Address: 10122 STONEHENGE CIRCLE, #601
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: VP (X) Change ( ) Addition
Name: SHIREY, LILLY R
Address: 12052 SERAFINO STREET
City-St-Zip: BOYNTON BEACH, FL 33437

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: ADELE SHUART SEC 04/02/2009
Electronic Signature of Signing Officer or Director — Date