

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744803** (8)

1. Corporation Name

**ROGATE LUTHERAN CHURCH OF THE DEAF, INC.**

Principal Place of Business

Mailing Address

**4825 EAST BAY DR.  
CLEARWATER FL 34624-3882**

**4825 EAST BAY DR.  
CLEARWATER FL 34624-3882**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 6223**

22 City & State

27 **Clearwater, FL**

23 Zip Country

28 Zip Country

24 **33764**

29 **33758**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/02/1978**

4. FEI Number

**59-1974227**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**TANFIELD, RONALD W.  
6663 TIMBERWOOD CIR.  
PINELLAS PARK FL 34665**

81 Name

**Richard Wasley**

82

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

83

**15548 Greater Groves Blvd.**

84

**Clermont**

**FL**

85

**Zip Code  
34711**

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

*Richard Wasley*  
Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/4/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, RUTH</b>	
STREET ADDRESS	<b>19615 GUNN HWY</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>TANFIELD, RONALD</b>	
STREET ADDRESS	<b>6663 TIMBERWOOD CIR. NO.</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>STORM, ALICE</b>	
STREET ADDRESS	<b>125 PALMETTO LN</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>T/D</b>
23 STREET ADDRESS	<b>Wasley, Richard</b>
24 CITY - ST - ZIP	<b>15548 Greater Groves Blvd.</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE:

*Richard Wasley*

**2/4/98 352-242-4944**

CR2E037 (10/97)