# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749428** (9)

1. Corporation Name
**DEAF SERVICES CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4017 LINEBAUGH AVE WEST<br>TAMPA FL 33624-2238 | 4017 LINEBAUGH AVE WEST<br>TAMPA FL 33624-2238 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1945134 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4017 Linebaugh Ave, West | 26 4017 Linebaugh Ave, West |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Tampa, FL | City & State 28 Tampa, FL |
| Zip 24 33624-5238 Country 25 U.S.A. | Zip 29 33624-5238 Country 30 USA |

9. Name and Address of Current Registered Agent

MANEY KAREN JONES
606 E MADISON
TAMPA FL 33602

Please Note this is not a new Agent - You have name the name Wrong - Correct Name
Jones-Maney, Karen

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | ST | ☐ Change ☒ Addition |
| NAME | DEMARSH, RICHARD | 1.2 NAME | Maria Bemis | |
| STREET ADDRESS | 10549 N. FLORIA AVE. | 1.3 STREET ADDRESS | 15211 Alexis Dr. | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | Tampa, FL. 33624 | |
| TITLE | VP | 2.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | LAYNE, DENISE | 2.2 NAME | | |
| STREET ADDRESS | 1005 W BUSCH BLVD. SUITE 204F | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | | |
| TITLE | P | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | JONES-MANEY, KAREN | 3.2 NAME | | |
| STREET ADDRESS | 606 E MADISON | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALDRICH, HAROLD E. | 4.2 NAME | | |
| STREET ADDRESS | 10410 N. 50TH | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | ST | 5.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | NAGY, GAIL | 5.2 NAME | | |
| STREET ADDRESS | 8004 CARDINAL DRIVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GOUTOUFAS, ELIAS | 6.2 NAME | Maureen Gallagher | |
| STREET ADDRESS | 12101 N. DALE MATRY | 6.3 STREET ADDRESS | 16014 Eagle River Way | |
| CITY-ST-ZIP | TAMPA FL | 6.4 CITY-ST-ZIP | Tampa, FL. 33624 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Denise D. Layne — Feb 13, 1995 — 813-962-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENISE D. LAYNE

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