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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

FILED

95 MAY -1 PM 12:55

DOCUMENT # 762534 (6)

1. Corporate Name
DEAF SERVICE CENTER OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
800 S NOVA RD STE Q ORMOND BEACH FL 32174 US	800 S NOVA RD STE Q ORMOND BEACH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1982
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2185572 — Applied For / Not Applicable

2. Principal Place of Business: 21 116 S PALMETTO
22 Suite, Apt # etc:
23 City & State: DAYTONA BEACH FL
24 Zip: 32114 25 Country: USA

2a. Mailing Address: 26 116 S. PALMETTO
27 Suite, Apt # etc:
28 City & State: DAYTONA BEACH FL
29 Zip: 32114 30 Country: USA

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

9. Name and Address of Current Registered Agent

LOWE, DEANIE
1065 N. HALIFAX DR.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: Priscilla J. Henderson
82 Street Address (P.O. Box Numbers Not Acceptable): 218 N. Brighton Drive
83
84 City: Port Orange FL 85 Zip Code: 32127

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: Priscilla J Henderson — 5-15-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	BRUNO, FRANK T	12 NAME	PRISCILLA HENDERSON
STREET ADDRESS	4460 RIDGEWOOD AVENUE	13 STREET ADDRESS	218 N. BRIGHTON DRIVE
CITY-ST-ZIP	PORT ORANGE FL 32127	14 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	HENDERSON, PRISCILLA	22 NAME	SUSAN SCOTT
STREET ADDRESS	218 N. BRIGHTON DRIVE	23 STREET ADDRESS	1118 JACARANDA AVE.
CITY-ST-ZIP	PORT ORANGE FL 32127	24 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	DEMPSEY, ROBERT	32 NAME	CHUCK BARBER
STREET ADDRESS	1 KELLY BEA COURT	33 STREET ADDRESS	1112 LIVE OAK ST.
CITY-ST-ZIP	PONCE INLET FL 32119	34 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DOLICE, KIM	42 NAME	
STREET ADDRESS	4049 BUDD ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	D ☒ Change ☐ Addition
NAME	ZARAJCZYK, DEBI	52 NAME	FRANK T. BRUNO
STREET ADDRESS	26 N. BEACH STREET, SUITE C	53 STREET ADDRESS	4460 RIDGEWOOD AVE
CITY-ST-ZIP	ORMOND BEACH FL 32174	54 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

RECEIPTED BY MAY 1

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(1)(k), 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: Priscilla J. Henderson - Pres. — 2-27-95 (904) 257-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRISCILLA J. HENDERSON

0024289