


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 762534 (6)**

1. Corporation Name

**DEAF AND HARD OF HEARING SERVICES OF VOLUSIA AND FLAGLER COUNTIES, INC.**



Principal Place of Business	Mailing Address
116 S PALMETTO STE 0 DAYTON BEACH FL 32114 US	116 S PALMETTO STE 0 DAYTONA BEACH FL 32114-4320 US

3. Date Incorporated or Qualified <b>03/22/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number <b>59-2185572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HENDERSON, PRISCILLA J 218 N BRIGHTON DR PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name <b>BARBARA ANN ANDERSON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>116 S. PALMETTO ST.</b>
83
84 City <b>DAYTONA BEACH</b>
85 Zip Code <b>FL 32114</b>

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 Barbara Ann Anderson **BARBARA ANN ANDERSON, TREASURER 3/1/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, PRISCILLA	
STREET ADDRESS	218 N BRIGHTON DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, SUSAN	
STREET ADDRESS	1118 JACARANDA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARBER, CHURCK	
STREET ADDRESS	1112 LIVE OAK ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOLICE, KIM	
STREET ADDRESS	4049 BUDD ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, FRANK T	
STREET ADDRESS	4460 RIDGEWOOD AVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BARBARA ANN ANDERSON	
23 STREET ADDRESS	116 S. PALMETTO	
24 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	McLeod, Martha	
43 STREET ADDRESS	116 S. Palmetto	
44 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	JOHN TROLLINGER	
63 STREET ADDRESS	991 THIRD STREET	
64 CITY-ST-ZIP	HOLLY HILL FL 32117	

14. I do 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.

CR2E037 (9/96)