


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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<br>STE O<br>DAYTON BEACH FL 32114<br>US | 116 S PALMETTO<br>STE O<br>DAYTONA BEACH FL 32114<br>US |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 03/22/1982   |
| 4. FEI Number   | 59-2185572   |
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                |                        |
|--------------------------------|------------------------|
| 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                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent                        |  |
| ANDERSON, BARBARA ANN<br>116 S. PALMETTO ST.<br>DAYTONA BEACH FL 32114 |  |

|   |             |
|---|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |
|   | FL          |

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* 1/22/98  
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                      | D <input checked="" 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                       | ANDERSON, BARBARA A.                          |
| STREET ADDRESS             | 116 S. PALMETTO                               |
| CITY-ST-ZIP                | DAYTONA BEACH FL                              |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE |
| NAME                       | BARBER, CHARLICK                              |
| STREET ADDRESS             | 1112 LIVE OAK ST                              |
| CITY-ST-ZIP                | NEW SMYRNA BEACH FL                           |
| TITLE                      | DS <input type="checkbox"/> DELETE            |
| NAME                       | MCLEOD, MARTHA                                |
| STREET ADDRESS             | 116 S. PALMETTO                               |
| CITY-ST-ZIP                | DAYTONA 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                      | VD <input checked="" type="checkbox"/> DELETE |
| NAME                       | TROLLINGER, JOHN                              |
| STREET ADDRESS             | 991 THIRD STREET                              |
| CITY-ST-ZIP                | HOLLY HILL FL                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | Charles Carroll   |
| 1.3 STREET ADDRESS                                    | 1200 W. International Spdwy Blvd  |
| 1.4 CITY-ST-ZIP                                       | Daytona Beach, FL 32114   |
| 2.1 TITLE   | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | Amy Barber  |
| 2.3 STREET ADDRESS                                    | 1112 Live Oak Street  |
| 2.4 CITY-ST-ZIP                                       | New Smyrna Beach, FL 32168  |
| 3.1 TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Kendall Moore   |
| 3.3 STREET ADDRESS                                    | 103 Barrier Isle Drive  |
| 3.4 CITY-ST-ZIP                                       | Ormond Beach, FL 32176  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 5.2 NAME  | Felix Matzat  |
| 5.3 STREET ADDRESS                                    | 197 E. Lansdown Avenue  |
| 5.4 CITY-ST-ZIP                                       | Orange City, FL 32763   |
| 6.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 6.2 NAME  | Shirley Green   |
| 6.3 STREET ADDRESS                                    | 128-A Orange Avenue   |
| 6.4 CITY-ST-ZIP                                       | Daytona Beach, FL 32114   |

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 *Charles Carroll* 1/22/98

CR2E037 (10/97)