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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90012 025 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 762534**

1. Corporation Name

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

Principal Place of Business

116 S PALMETTO  
 STE O  
 DAYTON BEACH FL 32114  
 US

Mailing Address

116 S PALMETTO  
 STE O  
 DAYTONA BEACH FL 32114  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1982

4. FEI Number

59-2185572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, BARBARA ANN  
 116 S. PALMETTO ST.  
 DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name **LYNN SINNOTT**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**116 S. PALMETTO AVE.**  
 83  
 84 City **DAYTONA BEACH** FL 85 Zip Code **32114**

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 **LYNN SINNOTT**

*Lynn Sinnott*

1-21-99

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	CARROLL, CHARLES	
STREET ADDRESS	1200 W INTERNATIONAL SPDWY BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 31114	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARBER, AMY	
STREET ADDRESS	1112 LIVE OAK ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, KENDALL	
STREET ADDRESS	103 BARRIER ISLE DR	
CITY-ST-ZIP	ORMAOND BEACH FL 32176	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCLEOD, MARTHA	
STREET ADDRESS	116 S. PALMETTO	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATZAT, FLEIX	
STREET ADDRESS	197 E LANSDOWN AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, SHIRLEY	
STREET ADDRESS	128 A ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID KAMER	
1.3 STREET ADDRESS	150 MAGNOLIA AVE.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY MATHWICH	
2.3 STREET ADDRESS	1133 OCEANSHORE BLVD #1002	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENRY SLATER	
3.3 STREET ADDRESS	1205 SUNSET CIRCLE	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CYNTHIA SEARS	
4.3 STREET ADDRESS	5738 JOHN ANDERSON DR.	
4.4 CITY-ST-ZIP	FLAGLER BEACH 32136	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE:

*AMY BARBER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

904-426-5460

Daytime Phone #

CR2E037 (11/98)