

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90147 050 ****61.25

DOCUMENT # 762534

1. Entity Name

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



Principal Place of Business

**116 S PALMETTO
DAYTON BEACH FL 32114
US**

Mailing Address

**116 S PALMETTO AVE.
DAYTONA BEACH FL 32114
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2185572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINNOTT, LYNN
116 S. PALMETTO ST.
DAYTONA BEACH FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHWICH, MARY	
STREET ADDRESS	1133 OCEANSHORE BLVD #1002	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SEARS, CYNTHIA	
STREET ADDRESS	5738 JOHN ANDERSON DR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNSIDE, JAN	
STREET ADDRESS	1823 LINDBERG LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATZAT, FELIX	
STREET ADDRESS	197 E LANSDOWN AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIETRICH, REX	
STREET ADDRESS	4660 GOLDEN APPLETRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE BLACKMER	
STREET ADDRESS	116 HITCHING POST DR.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JAN BURNSIDE*

01/15/02

CR2E037 (10/02)