

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/16/95--01033--001
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DO NOT WRITE IN THIS SPACE

DOCUMENT # **762755** (7)
1. Corporation Name
DEAF SERVICES CENTER OF WEST CENTRAL FLORIDA, IN C.

Principal Place of Business Mailing Address
**3445 N.E. 24TH ST.
OCALA FL 34470
US** **3445 N.E. 24TH ST.
OCALA FL 34470
US**

3. Date Incorporated or Qualified **04/06/1982** 3a. Date of Last Report **02/16/1994**
4. FEI Number **59-2195831** Applied For Not Applicable
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. 189.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, MIKE
3445 N.E. 24TH ST.
OCALA FL 34470

81 Name **DAVID MICHALES (President)**
82 Street Address (P.O. Box Number is Not Acceptable)
3445 N.E. 24 ST.
83
84 City **OCALA, FL** 85 Zip Code **FL 34470**

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 *David Michales* **DAVID MICHALES** **1-30-95**
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BRANT, DONALD G
STREET ADDRESS	3508 S.E. 33RD AVE.
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	HOOPER, DAVE
STREET ADDRESS	4050 N.E. 22ND CT.
CITY - ST - ZIP	OCALA FL
TITLE	SD
NAME	SAUTER-KIRCHOFF, CASEY
STREET ADDRESS	608 S.E. 28TH AVE.
CITY - ST - ZIP	OCALA FL
TITLE	TD
NAME	VON DER HEYDEN, DONALD
STREET ADDRESS	440 S.W. SHOREWOOD DRIVE
CITY - ST - ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RANDY HARRIS
2.3 STREET ADDRESS	6540 N.E. 25th AVE.
2.4 CITY - ST - ZIP	OCALA, FL. 34479
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William R. Baird
3.3 STREET ADDRESS	517 N.E. 9th St. #50
3.4 CITY - ST - ZIP	OCALA, FL. 34470
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pat Buchanan
4.3 STREET ADDRESS	4500 N.W. 132 AVE. SILVER SPRING, FL.
4.4 CITY - ST - ZIP	34488
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	SEA
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	2-14

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(3)(b), 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 liquidator empowered to execute the 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 my address.

SIGNATURE: *Donald G. Brant* **DONALD G. BRANT** **JAN 30 1995** **904-629-8840**
Signature and typed or printed name of signing officer or director Date Location (Town & State)