

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **04/06/1982**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-2195931**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
22 City & State  
23 Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
27 City & State  
28 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHALES, DAVID**  
**3445 N.E. 24TH ST.**  
**OCALA FL 34470**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANT, DONALD G</b>	
STREET ADDRESS	<b>3508 S.E. 33RD AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRIS, RANDY</b>	
STREET ADDRESS	<b>6540 N.E. 25TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAIRD, WILLIAM R</b>	
STREET ADDRESS	<b>517 N.E. 9TH ST. #50</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, PATTI</b>	
STREET ADDRESS	<b>4500 N.E. 132ND AVE.</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL 34488</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>vice Pres PATTI BUCHANAN</b>
23 STREET ADDRESS	<b>P.O. BOX 1641</b>
24 CITY-ST-ZIP	<b>SILVER SPRINGS, FL 34489</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>TREAS. SANDY GIBVERE</b>
33 STREET ADDRESS	<b>5080 S.E. 24TH ST. APT-D</b>
34 CITY-ST-ZIP	<b>OCALA, FL 34471</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Secretary JEANNIE HOFFMAN</b>
43 STREET ADDRESS	<b>P.O. Box 770001</b>
44 CITY-ST-ZIP	<b>OCALA, FL</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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: *Donald G. Brant* 2-23-96 (352)-629-8840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)