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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morkham
Secretary of State
DIVISION OF CORPORATIONS

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 34470-3921 US

3. Date incorporated or Qualified 04/06/1982
3a. Date of Last Report 03/01/1996
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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
23 27
City & State City & State
24 25 29 30
Zip Country Zip Country

9. Name and Address of Current Registered Agent
MICHALES, DAVID
3445 N.E. 24TH ST.
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name PATTI BUCHANAN - PRES.
82 Street Address (P.O. Box Number is Not Acceptable) 4500 NE 132ND AVE.
83
84 City SILVER SPR. FL 85 Zip Code 34488

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 Patti Buchanan, Pres. DATE 1/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME BRANT, DONALD G
STREET ADDRESS 3508 S.E. 33RD AVE.
CITY-ST-ZIP Ocala FL
TITLE VP
NAME BUCHANAN PATTI
STREET ADDRESS P.O. BOX 1641
CITY-ST-ZIP SILVER SPRINGS FL 34489
TITLE D
NAME GIGUERE, SANDY
STREET ADDRESS 5030 S.E. 30TH ST. APT. D
CITY-ST-ZIP Ocala FL 34471
TITLE SD
NAME BUCHANAN, PATTI
STREET ADDRESS 4500 N.E. 132ND AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488
TITLE D
NAME HUFFMAN, JEANNIE
STREET ADDRESS P.O. BOX 770001
CITY-ST-ZIP Ocala FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE V.P.D
6.2 NAME DAVID MICHALES
6.3 STREET ADDRESS 4863 SE 41st. Ct.
6.4 CITY-ST-ZIP Ocala, FL 34470

14. I do 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: Donald G. Brant DATE 1-7-97 352-629-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065561

CF2E037 (9/96)