FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 AM 9:45

DOCUMENT # 767397 (3)

1. Corporation Name

DEAF SERVICE CENTER OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
6701 FOREST AVENUE NEW PORT RICHEY FL 34653	6701 FOREST AVENUE NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1983
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2292221 ☐ 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. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PREWITT, DEBRA A.
6701 FOREST AVENUE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

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 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 Debra A. Prewitt
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	CD	1.1 TITLE	Remove Chairman	☒ Change ☐ Addition
NAME	SWANN, KENNETH	1.2 NAME		
STREET ADDRESS	10841 LITTLE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	VCD	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	HAMMOND, KEITH	2.2 NAME	Hammond,Keith	
STREET ADDRESS	6008 MAIN STREET	2.3 STREET ADDRESS	6008 Main Street	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, Fl	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ANTONIETTI, MARIE	3.2 NAME		
STREET ADDRESS	6445 MASSACHUSETTS AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-2531	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ADKINS, NONA	4.2 NAME		
STREET ADDRESS	9841 RAINBOW LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VCD	☒ Change ☐ Addition
NAME	BUCK, JUDY	5.2 NAME	Buck, Judy	
STREET ADDRESS	2268 LAREDO AVENUE	5.3 STREET ADDRESS	2268 Laredo Avenue	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	Spring Hill, Fl	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	SCHULTZ, LISA	6.2 NAME	Remove Director	
STREET ADDRESS	6128 US HWY 19	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	6.4 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)(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: D. Keith Hammond 3.21.95 (813) 842-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067444