

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 # **767397** (3)

1. Corporation Name

**DEAF SERVICE CENTER OF PASCO/HERNANDO COUNTIES
INC.**



Principal Place of Business

**6701 FOREST AVENUE
NEW PORT RICHEY FL 34653**

Mailing Address

**6701 FOREST AVENUE
NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified
03/10/1983

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-2292221

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Debra A. Prewitt *Executive Director*

3/30/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SWANN, KENNETH**
STREET ADDRESS **10841 LITTLE ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **CD** ☐ DELETE
NAME **HAMMOND, KEITH**
STREET ADDRESS **6008 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☒ DELETE
NAME **ANTONIETTI, MARIE**
STREET ADDRESS **6445 MASSACHUSETTS AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-2531**

TITLE **D** ☐ DELETE
NAME **ADKINS, NONA**
STREET ADDRESS **9641 RAINBOW LANE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **VCD** ☐ DELETE
NAME **BUCK, JUDY**
STREET ADDRESS **2288 LAREDO AVENUE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☒ DELETE
NAME **SCHULTZ, LISA**
STREET ADDRESS **6128 US HWY 19**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

Keith Hammond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

Date

813-842-2702

Daytime Phone #

CR2E037 (12/95)