


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34853**

Mailing Address

**6701 FOREST AVENUE
NEW PORT RICHEY FL 34853-2610**

3. Date Incorporated or Qualified
03/10/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
8610 Galen Wilson Blvd.

2a. Mailing Address
8610 Galen Wilson Blvd

4. FEI Number
59-2292221

Applied For
Not Applicable

Suite, Apt. #, etc.
Bldg. B Ste. 100

Suite, Apt. #, etc.
Bldg. B Ste. 100

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
Port Richey, FL

City & State
Port Richey, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
34668 Pasco

Zip Country
34668 Pasco

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

9. Name and Address of Current Registered Agent

**PREWITT, DEBRA A.
6701 FOREST AVENUE
NEW PORT RICHEY FL 34853**

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 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

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	<input checked="" type="checkbox"/> DELETE
NAME	SWANN, KENNETH	
STREET ADDRESS	10841 LITTLE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAMMOND, KEITH	
STREET ADDRESS	8008 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADKINS, NONA	
STREET ADDRESS	9841 RAINBOW LANE	
CITY-ST-ZIP	PORT RICHEY FL	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BUCK, JUDY	
STREET ADDRESS	2288 LAREDO AVENUE	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, LISA	
STREET ADDRESS	8128 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL 34852	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marge Potter	
1.3 STREET ADDRESS	1452 Seven Springs Blvd.	
1.4 CITY-ST-ZIP	NPR, FL 34655	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Betty Hoeck	
3.3 STREET ADDRESS	12501 Stagecoach Lane	
3.4 CITY-ST-ZIP	Bayonet Point, FL 34667	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gloria Hynes	
5.3 STREET ADDRESS	1420 Exotic Avenue	
5.4 CITY-ST-ZIP	Spring Hill, FL 34609	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)