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**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90091 048 \*\*\*\*70.00

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 767397**

1. Corporation Name

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

Principal Place of Business

8610 GALEN WILSON BLVD  
BLDG B. STE. 100  
PORT RICHEY FL 34668  
US

Mailing Address

8610 GALEN WILSON BLVD.  
BLDG B. STE. 100  
PORT RICHEY FL 34668  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/10/1983

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

9. Name and Address of Current Registered Agent

PREWITT, DEBRA  
8610 GALEN WILSON BLVD B 100  
PORT RICHEY FL 34668

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

NAME

ST ☒ DELETE  
BELLETTIERE, KATHY

STREET ADDRESS  
18436 SUGARBERRY LN

CITY-ST-ZIP  
SPRING HILL FL 34610

TITLE

D ☐ DELETE  
NAME

RICKUS, IRENE

STREET ADDRESS  
P O BOX 428

CITY-ST-ZIP  
NEW PORT RICHEY FL 34656

TITLE

D ☐ DELETE  
NAME

MCCARTHY, DENNIS

STREET ADDRESS  
5082 WOODBINE ST

CITY-ST-ZIP  
SPRING HILL FL 34608

TITLE

VCD ☐ DELETE  
NAME

BUCK, JUDY

STREET ADDRESS  
2268 LAREDO AVENUE

CITY-ST-ZIP  
SPRING HILL FL

TITLE

☐ DELETE  
NAME

STREET ADDRESS

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: 10/6/99 SIGNATURE REQUIRED

1-27-99

727-816-1314

CR2E037 (11/98)