

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 767397

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** DEAF AND HARD OF HEARING SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2292221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACOBS, GLENN  
COMMUNITY HOSPITAL  
5637 MARINE PARKWAY  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENN JACOBS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete  
Name: CUTTLER, JIM  
Address: 13910 LAKESHORE BLVD., #120  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: REED, SAMANTHA DR  
Address: 6606 FOREST AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: THOMAS, JEFF  
Address: 8941 FAIRCHILD CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: COBT ( ) Delete  
Name: JACOBS, GLENN  
Address: 5637 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VC (X) Change ( ) Addition  
Name: WORKS, TIM  
Address: 36341 ARBOR OAKS DR.  
City-St-Zip: ZEPHERHILLS, FL 33541

Title: T (X) Change ( ) Addition  
Name: BLANEY, JIM  
Address: 4225 HEADSAIL DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change ( ) Addition  
Name: POSTMA, CHRISTINE  
Address: 3040 LITTLE RD.  
City-St-Zip: TRINITY, FL 34655

Title: COB (X) Change ( ) Addition  
Name: JACOBS, GLENN  
Address: 5637 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Change (X) Addition  
Name: BUCK, JUDITH  
Address: 5101 HUNTER RIDGE DR. #148  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Change (X) Addition  
Name: GRAY, MATTHEW  
Address: 1818 MARINER DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN JACOBS

COB

03/17/2005

Electronic Signature of Signing Officer or Director

Date