

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767397

FILED
Apr 04, 2006
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:

THOMAS, JEFFREY A
8610 GALEN WILSON BLVD
SUITE 100
PORT RICHEY, FL 34668 US

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: JEFFREY A. THOMAS

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: JACOBS, GLENN
Address: 5637 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOVE, RANDALL
Address: 10816 US 19N SUITE 110
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY A. THOMAS

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04/04/2006

Electronic Signature of Signing Officer or Director

Date