

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767397

FILED
Feb 06, 2009
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:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, GLENN
Address: 7334 CANDLELIGHT CT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: SMITH, MIKE
Address: 7250 GALLOWAY RD
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D () Delete
Name: TRACEY, LINDA
Address: 5662 FIELDSPRING AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: MORRELL, CHERYL
Address: 10400 FLAGSHIP AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: KLEY, PATRICIA
Address: 6379 CONNIEWOOD SQ
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: GRAY, MATTHEW
Address: 36750 US HWY 19N #2934
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MIKE SMITH

D

02/06/2009

Electronic Signature of Signing Officer or Director

Date