2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767397

FILED Jan 09, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

US

New Mailing Address: Current Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACOBS, GLENN Name: Address: 7334 CANDLELIGHT CT City-St-Zip: NEW PORT RICHEY, FL 34652

Title:

Name: CAFARO, CHRIS Address: 7407 SR 52 City-St-Zip: HUDSON, FL 34667

Title:

SENDERLING, RICK Name: Address: 10134 BOZEMAN DR.

City-St-Zip: NEW PORT RICHEY, FL 34655

Title:

Name: MORRELL, CHERYL Address: 10400 FLAGSHIP AVE City-St-Zip: PORT RICHEY, FL 34668

Title:

Name: KLEY, PATRICIA 6379 CONNIEWOOD SQ Address: NEW PORT RICHEY, FL 34653 City-St-Zip:

Title:

POSTMA, CHRISTINE Name: Address: 3040 LITTLE ROAD TRINITY, FL 34655 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY A. THOMAS ED 01/09/2012