

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **769268** (4)

1. Corporation Name

**FRIENDS OF THE DEAF SERVICE CENTER, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 2730  
PINELLAS PARK FL 34664-2730

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PINELLAS PARK FL 34664-2730

3. Date Incorporated or Qualified  
**07/08/1983**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **7190 76th St N**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 **Pinellas Park FL**

28 City & State

Zip

Country

Zip

Country

24 **34665**

25 **Pinellas**

29 Zip

30 Country

4. FEI Number

**59-2396122**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, JERRY L.  
7190 76TH STREET NORTH  
PINELLAS PARK FL 33565

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **STACK, JAMES**  
STREET ADDRESS **600 CLEVELAND ST #760**  
CITY- ST- ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **SD** ☐ DELETE  
NAME **HOFFMAN, ALYSE**  
STREET ADDRESS **5030-78THAVE N**  
CITY- ST- ZIP **PINELLAS PARK FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE **V** ☒ DELETE  
NAME **CRANE, DONALD**  
STREET ADDRESS **4020 12 ST. N.**  
CITY- ST- ZIP **ST. PETERSBURG FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **John Blaylock, Jr.**  
3.3 STREET ADDRESS **2623 Seville Blvd. #101**  
3.4 CITY- ST- ZIP **Clearwater, FL 34624**

TITLE **TD** ☐ DELETE  
NAME **LEEDS, FRANK**  
STREET ADDRESS **2301 3RD AVE S**  
CITY- ST- ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE **VD** ☒ DELETE  
NAME **BLAYLOCK, JOHN J**  
STREET ADDRESS **2623 SEVILLE BLVD., #101**  
CITY- ST- ZIP **CLEARWATER FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE  
NAME **FRISHE, JAMES**  
STREET ADDRESS **7190 76TH ST N**  
CITY- ST- ZIP **PINELLAS PARK FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Jerry L. Conner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/96 (813) 541-4488**  
DATE DAYTIME PHONE #

CR2E037 (12/95)