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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # 769268**

1. Corporation Name

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

Principal Place of Business

7190 76TH STREET N.  
PINELLAS PARK FL 33780  
US

Mailing Address

P.O. BOX 2730  
PINELLAS PARK FL 33780



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/08/1983

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

9. Name and Address of Current Registered Agent

CONNER, JERRY L  
7190 76TH ST. N.  
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD  
NAME BLAYLOCK, JOHN JR.  
STREET ADDRESS 2623 SEVILLE BLVD. #101  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VPD ☐ DELETE

NAME STAACK, JAMES  
STREET ADDRESS 121 N. OSCEOLA AVE.  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VPD ☐ DELETE

NAME NEAL, WM.  
STREET ADDRESS 2232 GLENMOOR RD. N.  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE SD ☐ DELETE

NAME HOFFMAN, ALYSE  
STREET ADDRESS 3491 GANDY BLVD., SUITE 101  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE TD ☒ DELETE

NAME LEEDS, FRANK  
STREET ADDRESS 2301 3RD AVE. S.  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Jerry L Conner* **SIGNATURE** **JERRY L CONNER** **REGISTERED** **Conner** **2/10/99** **(727) 541-4488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)