

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90031 024 ****70.00

UBR1134

DOCUMENT # 769268

1. Entity Name

FRIENDS OF THE DEAF SERVICE CENTER, INC.

Principal Place of Business

**7545 83RD ST N
 LARGO FL 33777
 US**

Mailing Address

**P.O. BOX 2730
 PINELLAS PARK FL 33780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2396122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNER, JERRY L
 7545 83RD N
 LARGO FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Jerry L. Conner **Jerry L. Conner**

1/7/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PPD WAGNER, CHRISTOPHER**
 STREET ADDRESS **1252 HOLLY CIRCLE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Change Addition
 NAME **PPD NADEAU, David**
 STREET ADDRESS **300 Cleveland St.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE Delete
 NAME **1VP RJ FINANCIAL LEGAL DEPT**
 STREET ADDRESS **880 CARILLON PARKWAY**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **2VP NEWMAN, SUZANNE**
 STREET ADDRESS **12574 70TH STREET**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SMITH, BEN**
 STREET ADDRESS **2305 N GLENWOOD DR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME **SD Church, Julie**
 STREET ADDRESS **1031 Glynnwood Pl.**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE Delete
 NAME **TD POEPEL, CHRISTIAN**
 STREET ADDRESS **5301 TECH DATA DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD NADEAU, DAVID**
 STREET ADDRESS **300 CLEVELAND STREET**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry L. Conner **REQUIRED**

1/7/02

727-399-9983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)