


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90526 009 \*\*\*\*70.00

<b>DOCUMENT # 769268</b> 1. Entity Name <b>DEAF AND HEARING CONNECTION FOR TAMPA BAY, INC.</b>	
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Principal Place of Business <b>7545 83RD ST N SEMINOLE, FL 33377 US</b>	Mailing Address <b>7545 83RD ST N SEMINOLE, FL 33377 US</b>
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**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2396122</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHURCH, JULIE 7545 83RD ST N LARGO, FL 33777</b>
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ALLISON, KRISTI PO BOX 1035 PINELLAS PARK, FL 33780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP RJ FINANCIAL LEGAL DEPT 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP NEWMAN, SUZANNE 12574 70TH STREET LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINK, LAURA 1114 S. MISSOURI AVE, 203 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOTT, CHERYL 7545 83RD ST. NORTH, 120 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **11/14/04 727-399-9983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_