


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90082 022 \*\*\*\*70.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 769268</b><br>1. Entity Name<br><b>DEAF AND HEARING CONNECTION FOR TAMPA BAY, INC.</b>  |  |   |   |              |  |
| Principal Place of Business<br><b>7545 83RD ST N<br/>SEMINOLE, FL 33377 US</b>  |  |   | Mailing Address<br><b>7545 83RD ST N<br/>SEMINOLE, FL 33377 US</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>CHURCH, JULIE<br/>7545 83RD ST N<br/>LARGO, FL 33777</b>   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code       </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | PPD <input checked="" type="checkbox"/> Delete |   | TITLE   | PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME  | ALLISON, KRISTI                                |   | NAME  | Ted Bean  |  |
| STREET ADDRESS  | PO BOX 1035                                    |   | STREET ADDRESS  | 1671 Sherbrook  |  |
| CITY-ST-ZIP   | PINELLAS PARK, FL 33780                        |   | CITY-ST-ZIP   | Clearwater FL 33764   |  |
| TITLE   | 1VP <input checked="" type="checkbox"/> Delete |   | TITLE   | 1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME  | RJ FINANCIAL LEGAL DEPT                        |   | NAME  | John Stross   |  |
| STREET ADDRESS  | 880 CARILLON PARKWAY                           |   | STREET ADDRESS  | 3010 82 Way North   |  |
| CITY-ST-ZIP   | SAINT PETERSBURG, FL 33716                     |   | CITY-ST-ZIP   | St. Petersburg, FL 33710  |  |
| TITLE   | 2VP <input checked="" type="checkbox"/> Delete |   | TITLE   | 2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME  | NEWMAN, SUZANNE                                |   | NAME  | George Lewis  |  |
| STREET ADDRESS  | 12574 70TH STREET                              |   | STREET ADDRESS  | 7819 4th Ave S.   |  |
| CITY-ST-ZIP   | LARGO, FL 33773                                |   | CITY-ST-ZIP   | St. Petersburg, FL 33710  |  |
| TITLE   | SD <input checked="" type="checkbox"/> Delete  |   | TITLE   | Cheryl Hoff <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | PLANT, BEVERLY                                 |   | NAME  | 10445 65th Ave N  |  |
| STREET ADDRESS  | PO BOX 7443                                    |   | STREET ADDRESS  | Seminole FL 33772   |  |
| CITY-ST-ZIP   | SEMINOLE, FL 33775                             |   | CITY-ST-ZIP   | Seminole FL 33772   |  |
| TITLE   | TD <input checked="" type="checkbox"/> Delete  |   | TITLE   | Andrew Wunderlin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | HOTT, CHERYL                                   |   | NAME  | 4818 Gandy Blvd   |  |
| STREET ADDRESS  | 7545 83RD ST. NORTH, 120                       |   | STREET ADDRESS  | Tampa FL  |  |
| CITY-ST-ZIP   | LARGO, FL 33777                                |   | CITY-ST-ZIP   | Tampa FL  |  |
| TITLE   | <input type="checkbox"/> Delete                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date: <b>1/25/04</b> Daytime Phone #: <b>727-399-9983</b>   |   |  |

20015279



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2396122**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

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| TITLE          | PPD <input checked="" type="checkbox"/> Delete |
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| STREET ADDRESS | 880 CARILLON PARKWAY                           |
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| TITLE          | SD <input checked="" type="checkbox"/> Delete  |
| NAME           | PLANT, BEVERLY                                 |
| STREET ADDRESS | PO BOX 7443                                    |
| CITY-ST-ZIP    | SEMINOLE, FL 33775                             |
| TITLE          | TD <input checked="" type="checkbox"/> Delete  |
| NAME           | HOTT, CHERYL                                   |
| STREET ADDRESS | 7545 83RD ST. NORTH, 120                       |
| CITY-ST-ZIP    | LARGO, FL 33777                                |
| TITLE          | <input type="checkbox"/> Delete                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| TITLE          | PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ted Bean   |
| STREET ADDRESS | 1671 Sherbrook   |
| CITY-ST-ZIP    | Clearwater FL 33764  |
| TITLE          | 1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | John Stross  |
| STREET ADDRESS | 3010 82 Way North  |
| CITY-ST-ZIP    | St. Petersburg, FL 33710   |
| TITLE          | 2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | George Lewis   |
| STREET ADDRESS | 7819 4th Ave S.  |
| CITY-ST-ZIP    | St. Petersburg, FL 33710   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME           | Cheryl Hoff  |
| STREET ADDRESS | 10445 65th Ave N   |
| CITY-ST-ZIP    | Seminole FL 33772  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME           | Andrew Wunderlin   |
| STREET ADDRESS | 4818 Gandy Blvd  |
| CITY-ST-ZIP    | Tampa FL   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #