

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000000206

1. Entity Name

NORTH CENTRAL FLORIDA ASSOCIATION OF THE
DEAF, INC.



FILED

06 APR 26 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2426 NE 14TH ST #76
OCALA FL 34470
**43 PECAN RUN COURSE
OCALA, FL 34472**

2426 NE 14TH ST #76
OCALA FL 34470
**43 PECAN RUN COURSE
OCALA, FL 34472**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



PP 4/26

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FITZGERALD, DARLENE~~ **JANE CINKER**
2426 NE 14TH ST #76 **43 PECAN RUN COURSE**
OCALA FL 34470 **OCALA, FL 34472**

Name **JANE CINKER**

Street Address (P.O. Box Number is Not Acceptable)
43 PECAN RUN COURSE

~~OCALA~~

City **OCALA**

FL

Zip Code **34472**

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

Jane F. Cinker

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

(NOTE: Registered Agent signature required when reinstating)

April 20, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **HARVELL, ROXANNE**
STREET ADDRESS **1204 NE 22ND ST**
CITY-STATE-ZIP **OCALA FL 34470**

TITLE **V** ☐ Delete
NAME **LEVERSON, BOB**
STREET ADDRESS **1727 NE 36TH AVE**
CITY-STATE-ZIP **OCALA FL 34470**

TITLE **ST** ☒ Delete
NAME **FITZGERALD, DARLENE**
STREET ADDRESS **2426 NE 14TH ST #76**
CITY-STATE-ZIP **OCALA FL 34470**

TITLE **TR** ☒ Delete
NAME **MRINO, GINO**
STREET ADDRESS **17753 SE 95TH CT.**
CITY-STATE-ZIP **SUMMERFIELD FL 34491**

TITLE **TR** ☒ Delete
NAME **BRAMBLETT, JEWEL**
STREET ADDRESS **6413 HEMLOCK RD.**
CITY-STATE-ZIP **OCALA FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **JANE CINKER**
STREET ADDRESS **43 PECAN RUN COURSE**
CITY-STATE-ZIP **OCALA, FL 34472**

TITLE ☒ Change ☐ Addition
NAME **BETANNE EATON**
STREET ADDRESS **8637 SW 9TH LANE RD. UNIT 6**
CITY-STATE-ZIP **OCALA, FL 34481**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

see above ST JANE CINKER - Reg. Agent