

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000206

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: BIG SUN ASSOCIATION OF THE DEAF, INC.

## Current Principal Place of Business:

43 PECAN RUN COURSE  
OCALA, FL 34472

## New Principal Place of Business:

6321 SW 115TH STREET ROAD  
OCALA, FL 34476

## Current Mailing Address:

43 PECAN RUN COURSE  
OCALA, FL 34472

## New Mailing Address:

6321 SW 115TH STREET ROAD  
OCALA, FL 34476

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVERTON, CHRISTY  
43 PECAN RUN COURSE  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

CRESPO, DONNA L  
6321 SW 115TH STREET ROAD  
OCALA, FL 34476 US

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: DONNA L. CRESPO TREASURER

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EATON, STEPHEN  
Address: 8637 SW 97TH LANE RD UNIT E  
City-St-Zip: Ocala, FL 34481

Title: V ( ) Delete  
Name: KAHLER, SCOTT  
Address: 2513 SPRING HARBOR CIRCLE, APT 1  
City-St-Zip: MOUNT DORA, FL 32757

Title: ST ( ) Delete  
Name: OVERTON, CHRISTY  
Address: 43 PECAN RUN COURSE  
City-St-Zip: Ocala, FL 34472

Title: TR ( ) Delete  
Name: ARTHUIS, JANET  
Address: 6890 S.E. 52 PLACE  
City-St-Zip: Ocala, FL 34472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OVERTON, CHRISTY  
Address: 200 S HOSPITAL DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: V (X) Change ( ) Addition  
Name: BROWN, FRANK  
Address: 56 PINE COURSE  
City-St-Zip: Ocala, FL 34472

Title: ST (X) Change ( ) Addition  
Name: TACKETT, FAYE  
Address: 35 SPRING LOOP  
City-St-Zip: Ocala, FL 34472

Title: TR (X) Change ( ) Addition  
Name: CRESPO, DONNA  
Address: 6321 SW 115TH STREET ROAD  
City-St-Zip: Ocala, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. CRESPO

TRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date