2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90045 039 ****61.25

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1. Entity Name
DEAF ADVOCACY NETWORK, INC.

Principal Place of Business	Mailing Address
6107 MEMORIAL HWY STE E-4 TAMPA, FL 33615	6107 MEMORIAL HWY STE E-4 TAMPA, FL 33615

JUU6/UU6

03042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6539 marina Pt. vill. Ct.	11266 w. Hillsorough Ave
Suite, Apt. #, etc.: #302	Suite, Apt. #, etc.: # 288
City & State: Tampa Fl.	City & State: Tampa Fl
Zip: 33635-9033 Country:	Zip: 33635 Country:

4. FEI Number 59-3751474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'LEARY, D. MICHAEL
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTLOFF, JOLENE 1007 E HENRY AVE TAMPA, FL 336046823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Graves Serena 11613 N 51st street Apt F Tampa Fl 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O CLEMENTS, BO 18174 PARADISE POINT DRIVE NEW TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Patterson, Joann 10104 10th st N. Tampa Fl 33612	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O COULSTON, BARBARA 8100 6TH STREET NORTH ST PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Coulston Barbara 8100 6th Street N. St Petersburg, Fl 33702	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS RICHARDSON, RAMONA L 546-51 ST. SOUTH SAINT PETERSBURG, FL 337072643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Richardson, Ramona L 6539 marina Pt village ct #302 Tampa Fl 33635-9033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERNEST, MICHAEL 6420 CRESTHILL DRIVE TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President michalka, Julia 11720 N. 58th St Apt E-2 Tampa Fl 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FICCA, JOHN 6107 MEMORIAL HWY STE E-4 TAMPA, FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Julia L. Michalka JULIA MICHALKA 3.7.05 (813)-814-1543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #