

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 007 ****70.00

DOCUMENT # N02000008466 1. Entity Name DEAF ADVOCACY NETWORK, INC.					
Principal Place of Business 6539 MACINA H VILLE CT # 302 TAMPA, FL 33635-9033			Mailing Address 11266 W HILLSBOROUGH AVE # 288 TAMPA, FL 33635		
2. Principal Place of Business 601 Palm Place Suite, Apt. #, etc.			3. Mailing Address 601 Palm Place Suite, Apt. #, etc.		
City & State Safety Harbor FL Zip 34695		City & State Safety Harbor FL Zip 34695		4. FEI Number 59-3751474 Applied For ☐ Not Applicable	
Country USA		Country USA		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 Marilyn Knetzer Street Address (P.O. Box Number is Not Acceptable) 601 Palm Place City Safety Harbor FL Zip Code 34695	
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 <u>Marilyn Knetzer</u> 2/28/06 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D BERTLOFF, JOLENE 1007 E HENRY AVE TAMPA, FL 336048823	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Patterson Jo Ann 5535 110th AVE N # 307 Pinellas Park FL 33782	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAVES, SERENA 11613 N 51ST STREET, APT F TAMPA, FL 33617	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VP Shortz Sally 5105 Fox Bridge Circle # 126 Clearwater FL 33760	☐ 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	S S Richardson Ramona 5535 110th AVE N # 307 Pinellas Park FL 33782	☐ 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	T T Knetzer Marilyn 601 Palm Place Safety Harbor FL 34695	☐ 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	D D Coulston Barbara 8100 6th St N St. Petersburg FL 33702	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, JOANN 10104 10TH ST N TAMPA, FL 33612	☒ 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 exemptions contained 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 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: <u>Marilyn Knetzer</u> Marilyn Knetzer Treasurer 2/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					