


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008466</b>	
1. Entity Name DEAF ADVOCACY NETWORK, INC.	

Principal Place of Business 601 PALM PL SAFETY HARBOR, FL 34695	Mailing Address 601 PALM PL SAFETY HARBOR, FL 34695
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**DO NOT WRITE IN THIS SPACE**



01282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3751474	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KNETZER, MARILYN 601 PALM PL SAFETY HARBOR, FL 34695
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON, JOANN 5535 110TH AVE N, # 307 PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHORTZ, SALLY 5105 FOX BRIDGE CIR, # 126 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, RAMONA 5535 110TH AVE N, # 307 PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNETZER, MARILYN 601 PALM PL SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULTSON, BARBARA 8100 6TH ST, N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000614332  
02/06/07-80022-012 70.00

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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:** Marilyn Knetzer Treasurer 1/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #