


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 021 ****70.00

DOCUMENT # N02000008466	
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
--	--



2. Principal Place of Business - No P.O. Box # 8100 6th St. NORTH	3. Mailing Address 8100 6th St. NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33702	Country USA
Zip 33702	Country USA

4. FEI Number 59-3751474	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent KNETZER, MARILYN 601 PALM PL SAFETY HARBOR FL 34695	
7. Name and Address of New Registered Agent Name BARBARA L. COULTON Street Address (P.O. Box Number is Not Acceptable) 8100 6th St. NORTH City ST. PETERSBURG FL Zip Code 33702	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PATTERSON, JOANN STREET ADDRESS 5535 110TH AVE N, # 307 CITY-ST-ZIP PINELLAS PARK FL 33782	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	SHORTZ, SALLY STREET ADDRESS 5105 FOX BRIDGE CIR, # 126 CITY-ST-ZIP CLEARWATER FL 33760	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	RICHARDSON, RAMONA STREET ADDRESS 5535 110TH AVE N, # 307 CITY-ST-ZIP PINELLAS PARK FL 33782	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	KNETZER, MARILYN STREET ADDRESS 601 PALM PL CITY-ST-ZIP SAFETY HARBOR FL 34695	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	COULTON, BARBARA STREET ADDRESS 8100 6TH ST, N CITY-ST-ZIP SAINT PETERSBURG FL 33702	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	JANA KUDRACOVA STREET ADDRESS 8100 6th St. N CITY-ST-ZIP ST. PETERSBURG FL 33702	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BOARD OF DIRECTORS JANA KUDRACOVA STREET ADDRESS 8001 6th St. NORTH CITY-ST-ZIP ST. PETERSBURG FL 33702

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: Barbara L. Coulton 8/30/2008