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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90075 023 \*\*\*\*61.25

0041263

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03956**

1. Corporation Name

**DEAF SERVICE CENTER OF PALM BEACH COUNTY, INC.**

Principal Place of Business

3111 S. DIXIE HWY  
237  
W.PALM BCH. FL 33405  
US

Mailing Address

3111 S. DIXIE HWY  
237  
W.PALM BCH. FL 33405  
US

232989 - 90075 - 23 9



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GINDLESPIERGER, JOAN E.**  
3111 S. DIXIE HWY  
STE. 237  
W.PALM BCH. FL 33405

3. Date Incorporated or Qualified

**06/28/1984**

4. FEI Number

**59-2433417**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Joan E. Gindlesperger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/27/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACKSON, SHARON	
STREET ADDRESS	913 39TH CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DEPALMA, MICHELLE	
STREET ADDRESS	1601 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUDWORTH, DAVID	
STREET ADDRESS	3106 MEDINAH CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, REBECCA FORTUN	
STREET ADDRESS	1388 LONGARZO PLACE	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORRO, MICHELLE	
STREET ADDRESS	120-1ST WAY	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	M	<input type="checkbox"/> DELETE
NAME	GINDLESPIERGER, JOAN E	
STREET ADDRESS	3111 S DIXIE HIGHWAY #237	
CITY-ST-ZIP	W PALM BEACH FL 33405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRANCH, LYNN C.	
4.3 STREET ADDRESS	417 25TH ST.	
4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joan E. Gindlesperger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-27-99**

CR2E037 (1/98)

232489-40075-23  
NO3956

*Other Directors and Officers:*

*SD*

*Mary L. Suitts  
2255 Glades Road, Ste 412E  
Boca Raton, FL 33431*

*D*

*Mary M. Tuggle, Ph. D.  
3908 Shelley Road North  
West Palm Beach, FL 33407*

*D*

*Teresa Alzamora Del Rio  
7305 N. Military Trail  
West Palm Beach, FL 33410-6400*

*D*

*Howard F. Ostrout Jr.  
126 South Hampton Drive  
Jupiter, FL 33458*

*D*

*Dr. Don Pearsall  
8471 S.E. Bristol Way  
Jupiter, FL 33458*

*D*

*Judy M. Pierman  
560 Greenway Drive  
North Palm Beach, FL 33408*

*D*

*Robin B. Trotsky  
1782 - 18th Ave. N.  
Lake Worth, FL 33460*