

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 002 ****70.00

DOCUMENT # N03956

1. Entity 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

34002030



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2433417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE CD
NAME LANDOLFI, JOSEPH M JR
STREET ADDRESS 2600 N MILITARY TRAIL
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE D
NAME BRANCH, LYNN C
STREET ADDRESS 104 WATERFORD DR
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE VD
NAME BORRO, MICHELLE
STREET ADDRESS 1545 N. MILITARY TERR
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE M
NAME GINDLESERGER, JOAN E
STREET ADDRESS 3111 S DIXIE HIGHWAY #237
CITY-ST-ZIP W PALM BEACH FL 33405 ☐ Delete

TITLE SD
NAME PELTZIE, KENNETH G
STREET ADDRESS 2260 RABBIT HOLLOW CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41-802.3353