

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03956

FILED
Jan 19, 2009
Secretary of State

Entity Name: DEAF SERVICE CENTER OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

3111 SOUTH DIXIE HIGHWAY
SUITE 237
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

3111 SOUTH DIXIE HIGHWAY
SUITE 237
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 59-2433417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GINDLESPERGER, JOAN E
3111 SOUTH DIXIE HIGHWAY
SUITE 237
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANDOLFI, JOSEPH M JR
Address: 445 EAST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: SIMNICK, CHRISTOPHER A
Address: 3111 SOUTH DIXIE HIGHWAY #237
City-St-Zip: WEST PALM BEACH, FL 33405

Title: V () Delete
Name: NEWSTEAD, LAURA
Address: P O BOX 88806
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: E () Delete
Name: GINDLESPERGER, JOAN E
Address: 3111 SOUTH DIXIE HIGHWAY #237
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S () Delete
Name: ELWELL, PETER B
Address: 360 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: KLINE, ARLENE K
Address: 222 LAKEVIEW AVENUE SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LANDOLFI, JOSEPH M JR
Address: 7805 N W BEACON SQUARE BLVD #102
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: SIMNICK, CHRISTOPHER A
Address: 3111 SOUTH DIXIE HIGHWAY #237
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P (X) Change () Addition
Name: NEWSTEAD, LAURA
Address: P O BOX 88806
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ELWELL, PETER B
Address: 360 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: S (X) Change () Addition
Name: KLINE, ARLENE K
Address: 222 LAKEVIEW AVENUE SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN E. GINDLESPERGER

E

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date