

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03956

FILED  
Jan 20, 2011  
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:**

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

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: JOAN J JENKINS

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: SKELLY, MACFARLAND  
Address: 440 WEST 28TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D  
Name: PROUT, MARY KAY  
Address: 17244 BAY STREET  
City-St-Zip: JUPITER, FL 33477 US

Title: P  
Name: NEWSTEAD, LAURA  
Address: 8165 155TH PLACE N  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: E  
Name: JENKINS, JOAN E  
Address: 3111 SOUTH DIXIE HIGHWAY #237  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: V  
Name: ELWELL, PETER B  
Address: 360 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480 US

Title: T  
Name: TUMA, KEN  
Address: 477 SOUTH ROSEMARY AVENUE SUITE 225  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby 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 all other like empowered.

SIGNATURE: JOAN E JENKINS

E

01/20/2011

Electronic Signature of Signing Officer or Director

Date