FILED
Mar 10, 2005 8:00 am
Secretary of State

01-25-2005 90042 019 ****61.25

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002910

1. Entity Name
TRICOUNTY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business	Mailing Address
529 ALCAZAR CT THE VILLAGES, FL 32159	529 ALCAZAR CT THE VILLAGES, FL 32159

01142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 201010193 ☐ Applied For ☐ Not Applicable

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
KUBIS, JOHN 8054 SE 164 TWEEDSIDE LOOP THE VILAGES, FL 32159	Name: JOHN Kubis Street Address (P.O. Box Number is Not Acceptable): 16686 SE 80 Bella Vista Cir City: The Villages FL Zip Code: 32162

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: John Kubis 1-20-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ST JOHN, WARNER 529 ALCAZAR CT THE VILLAGES, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CLINE, GORDON 529 ALCAZAR CT THE VILLAGES, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KUBIS, SHELBY 529 ALCAZAR CT THE VILLAGES, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAUTH, MADDY 529 ALCAZAR CT THE VILLAGES, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGBERG, BARBARA 529 ALCAZAR CT THE VILLAGES, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINE, MURIEL 529 ALCAZAR CT THE VILLAGES, FL 32459	☐ Delete	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: WARNER St. JOHN Jan 21, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

Warner St. John