


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90217 032 ****61.25

DOCUMENT # N04000002910 1. Entry Name TRICOUNTY ASSOCIATION OF THE DEAF, INC.					
Principal Place of Business 529 ALCAZAR CT THE VILLAGES, FL 32159			Mailing Address 529 ALCAZAR CT THE VILLAGES, FL 32159		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-1010193	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KUBIS, JOHN 16686 SE 80 BALLA VISTA CIR THE VILLAGES, FL 32162			7. Name and Address of New Registered Agent Name Warner St. John Street Address (P.O. Box Number is Not Acceptable) 529 Alcazar Ct City The Villages FL Zip Code 32159		
8. The above named entry 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 <i>Warner St. John</i> DATE <i>April 22, 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLINE, GORDON 529 ALCAZAR CT THE VILLAGES, FL 32159	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUBIS, SHELBY 529 ALCAZAR CT THE VILLAGES, FL 32159	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUTH, MADDY 529 ALCAZAR CT THE VILLAGES, FL 32459	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGBERG, BARBARA 529 ALCAZAR CT THE VILLAGES, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINE, MURIEL 529 ALCAZAR CT THE VILLAGES, FL 32459	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32159 Cord Gamble 529 Alcazar Ct The Villages, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Steven W. Rhodes 500 Northfield Lane The Villages, FL 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Henny Samples 529 Alcazar Ct The Villages, FL 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Warner St. John</i> DATE <i>April 22, 2006</i> 352-753-9922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Daytime Phone #</small>					