2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# N04000002910

Entity Name: TRI-COUNTY ASSOCIATION OF THE DEAF, INC.

Current Principal Place of Business:

2172 BLACKVILLE DRIVE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

17401 SE CURRITUCK TERRACE
THE VILLAGES, FL 32162

New Mailing Address:

17401 SE 71 CURRITUCK TERRACE
THE VILLAGES, FL 32162

FEI Number: 20-1010193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARZ, LOUIS PRES
2172 BLACKVILLE DRIVE
THE VILLAGES, FL 32162 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
Name: SCHWARZ, LOUIS
Address: 2172 BLACKVILLE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: VP
Name: MCDEVITT, RAYMOND
Address: 1540 VAN BUREN WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: S
Name: WILSON, JOHN
Address: 2416 WILSON WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: T
Name: MCELWAIN, RICHARD
Address: 17401 SE CURRITUCK TERRACE
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: KUBIS, JOHN
Address: 16686 SE 50TH BELLE VISTA CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: SMART, ROBERT
Address: 306 BISHOPVILLE LOOP
City-St-Zip: THE VILLAGES, FL 32162

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: RICHARD MCELWAIN TREA 04/19/2011

Electronic Signature of Signing Officer or Director Date