

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006794

FILED
Jan 12, 2006
Secretary of State

Entity Name: AMERICAN COLLEGE OF EDUCATORS/DEAF AND HARD OF HEARING, INC.

Current Principal Place of Business:

34 ST. FRANCIS ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

34 ST. FRANCIS ST.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 82-0188549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEGAN, MARGARET
34 ST. FRANCIS ST.
ST. AUGUSTINE, FL 32084 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: REYNOLDS, KATE
Address: DEPT OF SP. ED. BLDG - ED 246
City-St-Zip: NEW ORLEANS, LA

Title: S () Delete
Name: STEIN, KAREN
Address: MOOG CTR., 12300 S. FORTY DR.
City-St-Zip: ST. LOUIS, MO 631418820

Title: T () Delete
Name: FINNEGAN, MARGARET
Address: 34 ST. FRANCIS ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REYNOLDS, KATE
Address: DEPT OF SP. ED. BLDG - ED 246
City-St-Zip: NEW ORLEANS, LA US

Title: S (X) Change () Addition
Name: STEIN, KAREN
Address: MOOG CTR., 12300 S. FORTY DR.
City-St-Zip: ST. LOUIS, MO 631418820 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET FINNEGAN

DR.

01/12/2006

Electronic Signature of Signing Officer or Director

Date