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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05672 (3)

1. Corporation Name

DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES, INC.



Principal Place of Business

Mailing Address

5107 14TH ST WEST
BRADENTON FL 34207-9431

5107 14TH ST WEST
BRADENTON FL 34207-2431

3. Date Incorporated or Qualified
10/15/1984

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2586832

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, WILLIAM F.
2731 72 ST COURT W
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	LYNCH, WILLIAM F	1.2 NAME	Walker Jr., Grissim H.
STREET ADDRESS	2731 72ND ST. CT. W	1.3 STREET ADDRESS	430 12th Street W.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34206
TITLE	VP	2.1 TITLE	VP
NAME	ZACK, BOB	2.2 NAME	O'Hara, Michael
STREET ADDRESS	206 2ND ST E	2.3 STREET ADDRESS	4032 Redrock Lane
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	SD	3.1 TITLE	
NAME	DUGAN, JAN	3.2 NAME	
STREET ADDRESS	505 30 AVE W UNIT 110E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	CRAIG, JIM	4.2 NAME	
STREET ADDRESS	1549 RINGLING BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	
NAME	WIBLITZHOUER, SHARON	5.2 NAME	
STREET ADDRESS	5107 14TH STREET W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Wiblitzhouer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97 (941) 758-2537
Date Daytime Phone # 0061725

CR2E037 (9/96)