


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 049 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05672

1. Corporation Name
DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES, INC.

Principal Place of Business 5107 14TH ST WEST BRADENTON FL 34207-9431	Mailing Address 5107 14TH ST WEST BRADENTON FL 34207-9431
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DEPARTMENT OF STATE



2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/15/1984
23 City & State	28 City & State	4. FEI Number 59-2586832
24 Zip	25 Country	29 Zip
30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	Applied For Not Applicable
	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

O'HARA, MICHAEL
 4032 REDROCK LN
 SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
 Debbie Westmoreland, President

82 Street Address (P.O. Box Number is Not Acceptable)
 8523 10th Avenue N.W.

83

84 City
 Bradenton

85 Zip Code
 FL 34209

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: *Debbie Westmoreland* DATE: 1-11-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'HARA, MICHAEL	
STREET ADDRESS	4032 REDROCK LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CROSBY, NOEL	
STREET ADDRESS	1961 FLOYD ST STE D	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WESTMORELAND, DEBBIE	
STREET ADDRESS	8523 10TH AVE N W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAIG, JIM	
STREET ADDRESS	1549 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WIBLITZHUSER, SHARON	
STREET ADDRESS	5107 14TH STREET W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carpenter, Scott	
1.3 STREET ADDRESS	5017 72nd Ct. E.	
1.4 CITY-ST-ZIP	Bradenton, Fl 34203	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margargle, Brooke	
2.3 STREET ADDRESS	1961 Floyd St. Suite D	
2.4 CITY-ST-ZIP	Sarasota, Fl 34236	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Westmoreland, Debbie	
3.3 STREET ADDRESS	8523 10th Avenue N.W.	
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Craig, Jim	
4.3 STREET ADDRESS	1549 Ringling Blvd	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *Sharon S. Wiblitzhouser* Sharon S. Wiblitzhouser 1/11/99 941-758-2539

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)