

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05672

FILED
Feb 07, 2007
Secretary of State

Entity Name: COMMUNITY CENTER FOR THE DEAF AND HARD OF HEARING OF MANATEE-SARASOTA, INC.

Current Principal Place of Business:

5107 14TH ST WEST
BRADENTON, FL 342079431 US

New Principal Place of Business:

Current Mailing Address:

5107 14TH ST WEST
BRADENTON, FL 342079431 US

New Mailing Address:

FEI Number: 59-2586832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, JIM
706 39TH ST W
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

KENDZOIR, RACHEL
5107 14TH STREET WEST
BRADENTON, FL 342207 US

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: RACHEL KENZOIR

02/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KENDZIOR, RACHEL
Address: 3739 59TH AVE CIRCLE E
City-St-Zip: ELLENTON, FL 34222 US

Title: PD () Delete
Name: ELLIS, JAMES M
Address: 706 39TH WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: ED () Delete
Name: WAGNER, CHRISTOPHER D
Address: 5107 14TH STREET W.
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KENDZIOR, RACHEL
Address: 3739 59TH AVE CIRCLE E
City-St-Zip: ELLENTON, FL 34222 US

Title: BM (X) Change () Addition
Name: ELLIS, JAMES
Address: 706 39TH WEST
City-St-Zip: BRADENTON, FL 34205 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: CHRISTOPHER D. WAGNER

ED

02/07/2007

Electronic Signature of Signing Officer or Director

Date