

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05672

**FILED**  
**Jan 06, 2010**  
**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:**

1750 17TH STREET  
BUILDING F  
SARASOTA, FL 24234 US

**Current Mailing Address:**

5107 14TH ST WEST  
BRADENTON, FL 342079431 US

**New Mailing Address:**

1750 17TH STREET  
BUILDING F  
SARASOTA, FL 24234 US

FEI Number: 59-2586832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COMMUNITY CENTER FOR THE DEAF & HOH  
5107 14TH STREET WEST  
BRADENTON, FL 34207 US

**Name and Address of New Registered Agent:**

COMMUNITY CENTER FOR THE DEAF & HOH  
1750 17TH STREET  
BUILDING F  
SARASOTA, FL 34234 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/06/2010

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: MILLS, BENJAMIN  
Address: 1001 13TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34208 US

Title: ED  
Name: CARLTON, DONNA J  
Address: 1750 17TH STREET, BLDG F  
City-St-Zip: SARASOTA, FL 34234 US

Title: SEC  
Name: FERNANDEZ, JOE  
Address: 1001 13TH AVE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: TREA  
Name: POST, BLAIR  
Address: 523 TAMiami TRAIL SOUTH  
City-St-Zip: VENICE, FL 34285

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: DONNA CARLTON

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date