

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000575

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA RAINBOW ALLIANCE OF THE DEAF, INC.

**Current Principal Place of Business:**

2485 NW 33RD STREET  
#1612  
OAKLAND PARK, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1070 NE 34TH COURT  
OAKLAND PARK, FL 33334

**New Mailing Address:**

**FEI Number:** 27-5095460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CANGELOSI, MICHAEL  
1070 NE 34TH COURT  
OAKLAND PARK, FL 33334 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  
**Name:** WILSON, EVERETT  
**Address:** 2485 NW 33RD STREET #1612  
**City-St-Zip:** OAKLAND PARK, FL 33309 US

**Title:** VP  
**Name:** SMITH, FRANK  
**Address:** 2485 NW 33RD STREET #1612  
**City-St-Zip:** OAKLAND PARK, FL 33309 US

**Title:** S  
**Name:** ETZWILLER, ERIK  
**Address:** 2485 NW 33RD STREET #1612  
**City-St-Zip:** OAKLAND PARK, FL 33309 US

**Title:** T  
**Name:** CANGELOSI, MICHAEL  
**Address:** 2485 NW 33RD STREET #1612  
**City-St-Zip:** OAKLAND PARK, FL 33309 US

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:** MICHAEL CANGELOSI

T

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date