

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004489

FILED
Apr 20, 2011
Secretary of State

Entity Name: FAMILY CENTER ON DEAFNESS, INC.

Current Principal Place of Business:

6886 102ND AVENUE NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

6886 102ND AVENUE NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 32-0313956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERASARO, NOEL
6886 102ND AVENUE NORTH
PINELLAS PARK, FL 33782 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: D
Name: CHISHOLM, KATRINA
Address: 4301 13TH WAY NORTHEAST
City-St-Zip: ST.PETERSBURG, FL 33703

Title: D
Name: ROSENBLUTH, SUSAN
Address: 11269 HARBORSIDE DRIVE
City-St-Zip: LARGO, FL 33773

Title: D
Name: SHAFER, ELEANOR
Address: P O BOX 324
City-St-Zip: BARTLETT, NH 03812

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: KATRINA CHISHOLM

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date