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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # N14829 (8)

1. Corporation Name
CHILDREN'S THEATRE FOR THE DEAF, INC.

Principal Place of Business	Mailing Address
3857 W. UNIVERSITY AVENUE P.O. BOX 1542 GAINESVILLE FL 32602	3857 W. UNIVERSITY AVENUE P.O. BOX 1542 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2731583 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 3857 W. Univ. Ave.
22: Suite, Apt. #, etc.
23: Gainesville FL
24: Zip 32607
25: Country Alachua

2a. Mailing Address
26: P O Box 1542
27: Suite, Apt. #, etc.
28: Gainesville FL
29: Zip 32602
30: Country Alachua

9. Name and Address of Current Registered Agent

ODOM, SYBIL M.
3857 W. UNIVERSITY AVENUE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sybil M. Odom, Director — 1/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM ODOM, SYBIL 3857 W. UNIVERSITY AVE GAINESVILLE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ASH, ALAN 4149 NW 35TH STREET GAINESVILLE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHUMAN, REGINA 3620 NW 40 TERRACE GAINESVILLE FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition VPD Sue Latini 1046 NE 14th Ave. Gainesville, FL 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHOAF, JUDY 725 NE 6TH ST GAINESVILLE FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition S Pam Clarlog 6110 NW 27th Place Gainesville FL 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCARTY, TERESA RT. 2 BOX 126 ALACHUA FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition T Cheryl Thomson 10214 SW 55th Lane Gainesville, FL 32608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LATINI, SUE 1046 NE 14TH AVE GAINESVILLE FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition T Christina Rescigno 10202 SW 38th place Gainesville FL 32607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Sybil M. Odom Director — 1/31/95 — (904) 336-4927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020434