

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14829 (8)

1. Corporation Name

CHILDREN'S THEATRE FOR THE DEAF, INC.



Principal Place of Business

Mailing Address

3857 W UNIVERSITY AVE
P.O. BOX 1542
GAINESVILLE FL 32607
US

P OBOX 1542
P.O. BOX 1542
GAINESVILLE FL 32602
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/09/1986

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

DM
ODOM, SYBIL
3857 W. UNIVERSITY AVE
GAINESVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

CD
ASH, ALAN
4149 NW 35TH STREET
GAINESVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

VPD
LATINI, SUE
1046 NE 14TH AVE
GAINESVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

S
CHORLOG, PAM
6110 NW 29TH PL
GAINESVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

T
THOMSON, CHERYL
10214 SW 55TH LANE
ALACHUA FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

T
RESCZINSKI, CHRISTINA
10202 SW 38TH PL
GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sybil Odom

1/26/96 (904)336-4927

CR2E037 (12/95)