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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14829

(8)

CHILDREN'S THEATRE FOR THE DEAF, INC.

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Jan 21	1997	8:00am
Secre	etary (	of State

	e of Business	Mailing Address		1 (# Breedt # Bl. 1681) Giffin thirm redne et		
857 W UNIVERS .O. BOX 1542 MINESVILLE FL		P OBOX 1542 P.O. BOX 1542 GAINESVILLE FL 32602-1543	2			
GAINESVILLE FL 32807 US		U\$		<ol> <li>Date Incorporated or Qualified 05/09/1986</li> </ol>	3a. Date of Last I 02/01/19	Report <b>96</b>
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	LA	pplied For
1 1707	SW 56 Lane	26 PO Box 15	42	59-2731583	N	lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	• 3	5. Certificate of Status Desired	, , , , ,	Additional lequired
City & State	0	City & State		6. Election Campaign Financing	\$5.00	May Be
Gaine	esville, FL	28 Gainesvil	le, FL	Trust Fund Contribution		to Fees
Zıp	Country	Zφ	Country	8. This corporation has liability for		s. 199.032,
4 32608		32602	30 USA		Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	bil Odom		
ODOM, S	SYBIL M.		82 Street	Address (P.O. Box Number is Not Acceptate	ole)	
3857 W.	UNIVERSITY AVENUE		170	07 SW 56th Lane		
GAINESV	1LLE FL 32607		83			
			84 City		les l 7in	Code
			Ga:	inesville	FL 85 32	Code 608
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	tes, the above-named	corporation submits this statement for the p	ourpose of changing	its registered
office or ri	egistered agent, or both, in the Stat implamitiar with and accept the obli-	te of Florida. Such change was a nations of Section 617 0503. Flo	authorized by the corp orida Statutes	corporation submits this statement for the poration's board of directors. I hereby acce	ot the appointment a	s registered
		Sybil M. Odom	Ph.D.	]	17/97	
SIGNATURE :	THE LIVER CO		.,			
MANAGORE .	Specifical yped or printed name of registered a	gent and title if applicable (NO)	E: Registered Agent signature	required when reinstating)	DATE	
		gent and title if applicable (NOT ND DIRECTORS	E: Registered Agent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS A					
12. TITLE	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	
12. TITLE NAME	OFFICERS AI DM ODOM, SYBIL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE DM Odom, Sybil	CERS AND DIRECTO	
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• Too nereby certify that the information supplied with this filling does not quality 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 12 if chapted or on an attachment with an address.

SIGNATURE.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLING PARTY DATE DATE DAYLING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR