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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22455 (2)

1. Corporation Name

DEAF SERVICE CENTER OF NORTHWEST FLORIDA, INC.

Principal Place of Business

4630 NORTH "W" ST.
PENSACOLA FL 32505
US

Mailing Address

4630 NORTH "W" ST
PENSACOLA FL 32505-3105
US3. Date Incorporated or Qualified
09/03/19873a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 912 W. Michigan Avenue

2a. Mailing Address

26 912 W. Michigan Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Pensacola, Florida

City & State

28 Pensacola, Florida

Zip

24 32505

Country

25 Escambia

Zip

29 32505

Country

30 Escambia

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, MICHAEL
5820 MONTGOMERY AVE
PENSACOLA FL 32526

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME JERNIGAN, ANNETTA
STREET ADDRESS 11070 COUNTY RD 99
CITY-ST-ZIP LILLIAN AL 365491.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME LEA, ELLEN
STREET ADDRESS 1505 BAYOU BLVD
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME COLLINS, MICHAEL
STREET ADDRESS 5820 MONTGOMERY AVE
CITY-ST-ZIP PENSACOLA FL 325263.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME KEOUGH, PEGGY
STREET ADDRESS 5312 BAY DRIVE
CITY-ST-ZIP ORANGE BEACH AL 365614.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Michael E. Collins

2/5/97

433-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072618

CP2E037 (9/96)