

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22455** (2)

1. Corporation Name

**DEAF SERVICE CENTER OF NORTHWEST FLORIDA, INC.**

Deaf and Hard of Hearing Services of Northwest Florida, Inc.

Principal Place of Business	Mailing Address
<b>945 W. MICHIGAN AVE. SUITE 4 PENSACOLA FL 32505 US</b>	<b>945 W. MICHIGAN AVE. SUITE 4 PENSACOLA FL 32505 US</b>

3. Date Incorporated or Qualified

**09/03/1987**

4. FEI Number

**59-2842074**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fee**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

**Ellen Lea**

82 Street Address (P.O. Box Number is Not Acceptable)

**1505 Bayou Blvd.**

83

84 City

**Pensacola**

**FL**

85 Zip Code  
**32503**

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

*Ellen Lea*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/31/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>JERNIGAN, ANNETTA</b>
STREET ADDRESS	<b>11070 COUNTY RD 99</b>
CITY-ST-ZIP	<b>LILLIAN AL 36549</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LEA, ELLEN</b>
STREET ADDRESS	<b>1505 BAYOU BLVD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>COLLINS, MICHAEL</b>
STREET ADDRESS	<b>5820 MONTGOMERY AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>KEOUGH, PEGGY</b>
STREET ADDRESS	<b>5312 BAY DRIVE</b>
CITY-ST-ZIP	<b>ORANGE BEACH AL 36561</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	<b>Lea, Ellen</b>
2.4 CITY-ST-ZIP	<b>1505 Bayou Blvd.</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Pensacola, FL 32503</b>
3.3 STREET ADDRESS	<b>V</b>
3.4 CITY-ST-ZIP	<b>Ed. McGraw</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>1480 Stefani Circle</b>
4.3 STREET ADDRESS	<b>Cantonment, Florida 32533</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TD</b>
5.3 STREET ADDRESS	<b>Malcolm Cobb</b>
5.4 CITY-ST-ZIP	<b>4010 Collingswood Rd.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Pensacola, Florida 32514</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Ellen Lea*  
Signature, typed or printed name of registered agent and title if applicable

**31 March 1998**

**850-433-7128**

CR2E037 (10/97)