


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90107 027 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22455					
1. Corporation Name DEAF AND HARD OF HEARING SERVICES OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 945 W. MICHIGAN AVE. SUITE 4 PENSACOLA FL 32505 US			Mailing Address 945 W. MICHIGAN AVE. SUITE 4 PENSACOLA FL 32505 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/03/1987	
22 City & State		27 City & State		4. FEI Number 59-2842074	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEA, ELLEN 1505 BAYOU BLVD PENSACOLA FL 32503			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	JERNIGAN, ANNETTA				
STREET ADDRESS	11070 COUNTY RD 99				
CITY-ST-ZIP	LILLIAN AL 36549				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LEA, ELLEN				
STREET ADDRESS	1505 BAYOU BLVD				
CITY-ST-ZIP	PENSACOLA FL 32503				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	COLLINS, MICHAEL				
STREET ADDRESS	5820 MONTGOMERY AVE				
CITY-ST-ZIP	PENSACOLA FL 32526				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	KEOUGH, PEGGY				
STREET ADDRESS	5312 BAY DRIVE				
CITY-ST-ZIP	ORANGE BEACH AL 36561				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MCGRAW, ED				
STREET ADDRESS	1480 STEFANI CIR				
CITY-ST-ZIP	CANTONMENT FL 32533				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	COBB, MALCOLM				
STREET ADDRESS	4010 COLLINGSWOOD RD				
CITY-ST-ZIP	PENSACOLA FL 32514				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Rita Beal				
1.3 STREET ADDRESS	1010 Palisade Road				
1.4 CITY-ST-ZIP	Pensacola, Florida 32504				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 February 1999 (850) 433-7128
Date Daytime Phone #

CR2E037 (11/98)