

DOCUMENT # N22455

1. Entity Name

DEAF AND HARD OF HEARING SERVICES OF NORTHWEST F

Principal Place of Business

945 W. MICHIGAN AVE.
SUITE 4
PENSACOLA FL 32505
US

Mailing Address

945 W. MICHIGAN AVE.
SUITE 4
PENSACOLA FL 32505-2301
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2842074

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEA, ELLEN
1505 BAYOU BLVD
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BEAL, RITA	
STREET ADDRESS	1010 PALISADE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEA, ELLEN	
STREET ADDRESS	1505 BAYOU BLVD	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	V	<input type="checkbox"/> Delete
NAME	MCGRAW, ED	
STREET ADDRESS	1480 STEFANI CIR	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COBB, MALCOLM	
STREET ADDRESS	4010 COLLINGSWOOD RD	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beal, Rita	
STREET ADDRESS	1010 Palisade Road	
CITY-ST-ZIP	Pensacola, FL 32504	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lea, Ellen	
STREET ADDRESS	1505 Bayou Blvd	
CITY-ST-ZIP	Pensacola FL 32503	

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGraw, Ed	
STREET ADDRESS	1480 Stefani Cir	
CITY-ST-ZIP	Cantonment, FL 32533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

850-433-7128

Daytime Phone #

CR2E037 (9/99)