

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 041 ****61.25

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
 US

2. Principal Place of Business

945 W. Michigan Ave

3. Mailing Address

945 W. Michigan Ave.

Suite, Apt. #, etc.

Suite 4B

Suite, Apt. #, etc.

Suite 4B

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32505

Country

Escambia

Zip

32505

Country

Escambia

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
 NAME **BEAL, RITA**
 STREET ADDRESS **1010 PALISADE ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **PD** ☐ Delete
 NAME **LEA, ELLEN**
 STREET ADDRESS **1505 BAYOU BLVD**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **V** ☐ Delete
 NAME **MCGRAW, ED**
 STREET ADDRESS **1480 STEFANI CIR**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **TD** ☒ Delete
 NAME **COBB, MALCOLM**
 STREET ADDRESS **4010 COLLINGSWOOD RD**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☐ Addition
 NAME **Lucille Dey**
 STREET ADDRESS **6805 Devonshire Circle**
 CITY-ST-ZIP **Pensacola, Florida 32506**

TITLE **TD** ☐ Change ☐ Addition
 NAME **Annetta, Jernigan**
 STREET ADDRESS **11070 Country Rd! 99**
 CITY-ST-ZIP **Lillian, AL 36549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **REQUIRE 25 July 2001**

(850) 432-2376

CR2E037 (5/01)