

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N22455**

1. Entity Name

DEAF AND HARD OF HEARING SERVICES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**945 W MICHIGAN AVENUE
SUITE 48
PENSACOLA FL 32505
US**

Mailing Address

**945 W MICHIGAN AVENUE
SUITE 48
PENSACOLA FL 32505
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**LEA, ELLEN
1505 BAYOU BLVD
PENSACOLA FL 32503**

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 Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD
LEA, ELLEN**
STREET ADDRESS **1505 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **V
MCGRAW, ED**
STREET ADDRESS **1480 STEFANI CIR**
CITY-ST-ZIP **CANTONMENT FL 32533**TITLE ☒ Change ☐ Addition
NAME **V
Collins, Michael**
STREET ADDRESS **5908 Safuley Pines Court**
CITY-ST-ZIP **Pensacola, Florida 32526**TITLE ☐ Delete
NAME **SD
DEY, LUCILLE**
STREET ADDRESS **6805 DEVONSHIRE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD
JERNIGAN, ANNETTA**
STREET ADDRESS **11070 COPUNTRY ROAD 99**
CITY-ST-ZIP **LILLIAN AL 36549**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Elle Lea/Board President**

1-15-02

850-4337128

CR2E037 (9/01)