

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90171 020 \*\*\*\*61.25  
08-11-2003 90281 041 \*\*\*\*61.25

**DOCUMENT # N22455**

1. Entity Name

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



Principal Place of Business

945 W MICHIGAN AVENUE  
SUITE 4B  
PENSACOLA FL 32505  
US

Mailing Address

945 W MICHIGAN AVENUE  
SUITE 4B  
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 **Jimmy Peterson**

Street Address (P.O. Box Number is Not Acceptable)  
**945 W. Michigan Ave. Suite 4B**

City **Pensacola** **FL** Zip Code **32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jimmy Peterson*

**7/18/2003**

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEA, ELLEN</b> <b>1505 BAYOU BLVD</b> <b>PENSACOLA FL 32503</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COLLINS, MICHAEL</b> <b>5908 SAFULEY PINES COURT</b> <b>PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DEY, LUCILLE</b> <b>6805 DEVONSHIRE CIRCLE</b> <b>PENSACOLA FL 32508</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JERNIGAN, ANNETTA</b> <b>11070 COPUNTRY ROAD 99</b> <b>LILLIAN AL 36549</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Scott, Sue</b> <b>6541 County Road95</b> <b>Elberta, AL 36530</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>McGraw, John E.</b> <b>1480 Stefani Circle</b> <b>Cantonment, FL 32533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Jones, Jackie</b> <b>10650 Motley Court</b> <b>Pensacola, FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Weeks, Kimberly</b> <b>6499 Caroline Street</b> <b>Milton, FL 32570</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peterson, Jimmy</b> <b>945 W. Michigan Ave. Ste 4B</b> <b>Pensacola, FL 32505</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Jimmy Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/2003**

**859/433-7128**  
Daytime Phone #

CR2E037 (4/03)