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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23067** (4)

1. Corporation Name
DEAF SERVICE CENTER ASSOCIATION, INC.

Principal Place of Business Mailing Address

* DEAF SERVICE CENTER
7190 - 76TH ST. NORTH
PINELLAS PARK FL 34664-2730

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7190 - 76TH ST. NORTH
PINELLAS PARK FL 34664-2730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1987** 3a. Date of Last Report **10/24/1994**

4. FEI Number **65-0014595** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199 (22), Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CONNER, JERRY
7190 76TH STREET NORTH
PINELLAS PARK FL 34664

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KROUSE, JAY | 12 NAME | |
| STREET ADDRESS | 2800 W. OAKLAND PARK BLVD. #306 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | OAKLAND PARK FL 32114 | 14 CITY - ST - ZIP | |
| TITLE | TD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAURINO, MARIE | 22 NAME | |
| STREET ADDRESS | 7190 76TH ST. NORTH | 23 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL 34664 | 24 CITY - ST - ZIP | |
| TITLE | SD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAIL, STEVEN | 32 NAME | |
| STREET ADDRESS | 9100 S. DADELAND BLVD. #104 | 33 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33156-7819 | 34 CITY - ST - ZIP | |
| TITLE | VD | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PREWITT, DEBRA | 42 NAME | |
| STREET ADDRESS | 6701 FOREST AVE. | 43 STREET ADDRESS | |
| CITY - ST - ZIP | NEW PORT RICHEY FL 34653 | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Marie Laurino* Marie Laurino 03-02-95 (813) 541-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Firm Name #)