

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N23067**

1. Corporation Name  
**DEAF SERVICE CENTER ASSOCIATION, INC.**

Principal Place of Business % DEAF SERVICE CENTER OF S.W. FLORIDA 12995 S. CLEVELAND AVENUE, SUITE 105-D FORT MYERS FL 33907-3890	Mailing Address % DEAF SERVICE CENTER OF S.W. FLORIDA 12995 S. CLEVELAND AVENUE, SUITE 105-D FORT MYERS FL 33907-3890
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4/20/99 90143 037 \$70.00

2. Principal Place of Business 21 <b>Friends of Deaf Service Center</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 2730</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>10/18/1987</b>
22 <b>PO BOX 7190 76th STN</b> City & State	27 <b>Pinellas Park, FL</b> City & State	4. FEI Number <b>65-0014595</b>
23 <b>Pinellas Park, FL</b> Zip	28 <b>Pinellas Park, FL</b> Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>33787</b> Country <b>US</b>	29 <b>33780</b> Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**OPATICH, RON**  
12995 S. CLEVELAND AVENUE  
SUITE 105-D  
FORT MYERS FL 33907-3870

10. Name and Address of New Registered Agent

81 Name **Jerry L. Conner**  
82 Street Address (P.O. Box Number is Not Acceptable) **PO Box 2730 418 63rd Ave S**  
83 **Pinellas Park, FL 33780**  
84 **Pinellas Park, FL** 85 Zip Code **33780**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jerry L. Conner* DATE: **10/25/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<b>OPATICH, RON</b> 12995 S. CLEVELAND AVENUE, SUITE 105-D FORT MYERS FL 33907-3890	1.1 TITLE <b>PD</b>
NAME		1.2 NAME <b>Jerry L. Conner</b>
STREET ADDRESS		1.3 STREET ADDRESS <b>P.O. Box 2730 N/A</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Pinellas Park, FL 33780</b>
TITLE	<b>VPD</b>	2.1 TITLE
NAME	<b>CONNER, JERRY</b>	2.2 NAME
STREET ADDRESS	<b>7190-76TH STREET NORTH</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>PINELLAS PARK FL 33780</b>	2.4 CITY-ST-ZIP
TITLE	<b>SD</b>	3.1 TITLE
NAME	<b>MOYER, CAROL</b>	3.2 NAME
STREET ADDRESS	<b>3598 TAMAMI TRAIL, SUITE E</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952-8252</b>	3.4 CITY-ST-ZIP
TITLE	<b>TD</b>	4.1 TITLE
NAME	<b>KILLAM, DAVID</b>	4.2 NAME
STREET ADDRESS	<b>1320 S. DIXIE HIGHWAY, SUITE 760</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33146</b>	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**  Change  Addition

1.2 NAME **Jerry L. Conner**

1.3 STREET ADDRESS **P.O. Box 2730 N/A**

1.4 CITY-ST-ZIP **Pinellas Park, FL 33780**

2.1 TITLE

2.2 NAME **700003061887--3**

2.3 STREET ADDRESS **-12/06/99--01102--010**

2.4 CITY-ST-ZIP **\*\*\*175.00 \*\*\*175.00**

3.1 TITLE **SD**  Change  Addition

3.2 NAME **Richard J. Kottler, Jr.**

3.3 STREET ADDRESS **2400 S.E. Midpoint Road, Suite 209**

3.4 CITY-ST-ZIP **Port St. Lucie, FL 34952**

4.1 TITLE **D**  Change  Addition

4.2 NAME **Sharon Wiblithouser**

4.3 STREET ADDRESS **5107 14th STW**

4.4 CITY-ST-ZIP **Bradenton, FL 34207**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry L. Conner* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **10/25/99** (627) 541-4488

Daytime Phone #

000003

CR20037 (5/99)

REINSTATEMENT 99