

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90086 021 ****70.00

DOCUMENT # N23067

1. Entity Name

DEAF SERVICE CENTER ASSOCIATION, INC.

Principal Place of Business

**7190 76TH STREET NORTH
 PINELLAS PARK FL 33781**

Mailing Address

**P.O. BOX 2730
 PINELLAS PARK FL 33780**

2. Principal Place of Business

7585 83rd St. N. #220

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole, Florida

City & State

Zip Country

33777 Pinellas

4. FEI Number

65-0014595

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNER, JERRY L
 418 63RD AVENUE S.
 ST. PETERSBURG FL 33705**

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

Jerry L Conner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/17/01

DATE

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD CONNER, JERRY L**
 STREET ADDRESS **P.O. BOX 2780 N/A**
 CITY-ST-ZIP **PINELLAS PARK FL 33780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD WIBLITZHouser, SHARON**
 STREET ADDRESS **5107 14TH ST WEST**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD KOTTLER, RICHARD J JR.**
 STREET ADDRESS **2400 S.E. MIDPOINT ROAD, STE. 209**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WITAKER, MAUREN**
 STREET ADDRESS **105 SE HWY 19**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Jerry L Conner **01/17/01** **(727) 399-9983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)