

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 028 ****70.00

DOCUMENT # N23067
1. Entity Name
DEAF SERVICE CENTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7585 83rd St N #220
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2730
Suite, Apt. #, etc.

City & State
Seminole, Florida

City & State
Pinellas Park FL 33780

Zip
33777

Country
Pinellas

Zip
33780

Country
Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0014595

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Jerry L Conner

Street Address (P.O. Box Number is Not Acceptable)
418 63rd Avenue S.

City
St. Petersburg FL

Zip Code
33705

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* 5/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Conner, Jerry L PO Box 2780 N/A Pinellas Park FL 33780	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD Wiblitzhouser, Sharon 5107 14th St West Bradenton FL 34207	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Kottler, Richard J Jr. 2400 SE Midpoint Rd STE 209 Port St Lucie FL 34952	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Whitaker, Maureen 105 SE Hwy 19 Crystal River FL 34429	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry L Conner* 5/17/02 727-399-9983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)