

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23067

FILED
Aug 13, 2009
Secretary of State

Entity Name: DEAF SERVICE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

7821 SEMINOLE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

8610 GALEN WILSON BLVD
PORT RICHEY, FL 34668

Current Mailing Address:

7821 SEMINOLE BLVD
SEMINOLE, FL 33772

New Mailing Address:

8610 GALEN WILSON BLVD
PORT RICHEY, FL 34668

FEI Number: 65-0014595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, JEFFREY A
DEAF AND HARD OF HEARING SERVICES OF FLA.
8610 GALEN WILSON BLVD.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, JEFFREY A
Address: 8610 GALEN WILSON
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC () Delete
Name: TAMBASCO, MAUREEN
Address: 105 SE HWY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TREA () Delete
Name: GAUT, KIM
Address: 25250 SANDHILL BLVD
City-St-Zip: PUNTA GORDA, FL 33983

Title: V () Delete
Name: KOTTLER, RICK
Address: 10016 S. FEDERAL HWY.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: FELLD-AURAND, CHARON
Address: 6888 102ND AVE. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: CARLTON, DONNA
Address: 5107 14TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FEILD-AURAND, CHARON
Address: 6888 102ND AVE. NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A THOMAS

P

08/13/2009

Electronic Signature of Signing Officer or Director

_____ Date