

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23067

FILED
Mar 04, 2011
Secretary of State

Entity Name: DEAF SERVICE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

8610 GALEN WILSON BLVD
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8610 GALEN WILSON BLVD
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 65-0014595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: THOMAS, JEFFREY A
Address: 8610 GALEN WILSON
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC
Name: TAMBASCO, MAUREEN
Address: 103 N.E. CRYSTAL ST
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TREA
Name: AURAND, CHARON FEILD
Address: 6886 102ND AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP
Name: KOTTLER, RICK
Address: 1016 NE JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D
Name: GAUT, KIM
Address: 25250 SANDHILL BLVD
City-St-Zip: PUNTA GORDA, FL 33983

Title: D
Name: CARLTON, DONNA
Address: 1750 17TH STREET BUILDING F
City-St-Zip: SARASOTA, FL 34234

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY A THOMAS

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date