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## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2003 8:00 am § Secretary of State DOCUMENT # **N23067** 04-24-2003 90136 009 \*\*\*\*70.00 DEAF SERVICE CENTER ASSOCIATION, INC. Principal Place of Business Mailing Address 11014044 7585 83RD STREET N #220 P.O. BOX 2730 PINELLAS PARK FL 33780 SEMINOLE FL 33777 2. Principal Place of Business 3. Mailing Address Fountain Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 00165 City & State 4. FEI Number 65-0014595 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONNER, JERRY L Street Address (P.O. Box Number is Not Acceptable) 418 63RD AVENUE S. Fountain Plaza, 10016 S. Federa ST. PETERSBURG FL 33705 Zip Code 34952 St. Lucie 8. The above named entity submits this statement for the gupose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ag Richard J. Kottler, JR SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Y TITLE TITLE Delete NAME CONNER, JERRY L NAME STREET ADDRESS P.O. BOX 2780 N/A STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PINELLAS PARK FL 33780 TITLE Delete TITLE SD Change ☐ Addition inkitaker, Maureen 105 SE Hwy 19 NAME WIBLITZHOUSER, SHARON NAME STREET ADDRESS **5107 14TH ST WEST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP = Crystal River FL 34429 **BRADENTON FL 34207** TITLE 🔀 Delete TITLE moyer, Carol 23091 Sandh: 11 Blvd Ste 8 KOTTLER, RICHARD J JR. NAME STREET ADDRESS 2400 S.E. MIDPOINT ROAD, STE. 209 STREET ADDRESS Port Charlotte FL 33983 CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE FL 34952 Delete Change TITLE TITLE ☐ Addition Kottler, Richard J. Jr NAME WITAKER, MAUREEN NAME STREET ADDRESS STREET ADDRESS 10016 S. Federal Hwy 105 SE HWY 19 CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** Port Stlusie FL Delete TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employee and the properties of the corporation or one attractment with an address with all the like stricts. of the corporation or the receiver or trustee emperchanged, or on an attachment with an address. Richard T. KOTTIER, JR. 772 - 335

SIGNATURE:

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