

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 050 ****61.25

DOCUMENT # N30800

1. Entity Name

DEAF AND HARD OF HEARING SERVICES OF THE
TREASURE COAST, INC.



Principal Place of Business

10016 S FEDERAL HWY
FOUNTAIN PLAZA
PORT SAINT LUCIE FL 34952
US

Mailing Address

10016 S FEDERAL HWY
FOUNTAIN PLAZA
PORT SAINT LUCIE FL 34952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0147688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOTTLER, RICHARD J JR
5955 SE RIVERBOAT DRIVE, #623
STUART FL 34997

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CURRAN, HUGH
STREET ADDRESS 1517 SE CROWN STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE VD ☒ Delete
NAME KULAKOWSKY, GERALDINE
STREET ADDRESS 1493 SW THELMA ST
CITY-ST-ZIP PALM CITY FL 34990

TITLE SD ☐ Delete
NAME CURRAN, KAREN
STREET ADDRESS 1517 SE CROWN ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE TD ☐ Delete
NAME CORLEY, JEFF
STREET ADDRESS 4117 E OSCEOLA ST
CITY-ST-ZIP STUART FL 34996

TITLE ED ☐ Delete
NAME KOTTLER, RICK
STREET ADDRESS 5955 SOUTHEAST RIVERBOAT DR #623
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME ELIZABETH LIVINGSTON
STREET ADDRESS 116 SW PEACOCK BLVD, APT 206
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 481 N.W. BROKEN OAK TRAIL
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☐ Addition
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 or without other like empowered.