

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90095 005 \*\*\*\*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**

**60009322**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LIVINGSTON, ELIZABETH  
STREET ADDRESS 1674 SW MERIDIAN AVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

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

TITLE VD ☐ Delete  
NAME CARON, DEBORAH  
STREET ADDRESS 2410 SW CARPENTER WAY  
CITY-ST-ZIP FORT PIERCE, FL 34984

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

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

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

TITLE TD ☐ Delete  
NAME CORLEY, JEFF  
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 ED ☐ Delete  
NAME KOTTLER, RICHARD J JR.  
STREET ADDRESS 5955 SOUTHEAST RIVERBOAT DR #623  
CITY-ST-ZIP STUART, FL 34997

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

TITLE ☐ Delete  
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 exemptions contained 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 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/29/07*