

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30800

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0147688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: RICHARD J. KOTTLER, JR.

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROYER, ELIZABETH
Address: 1674 SW MERIDIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Delete
Name: CARON, DEBORAH
Address: 2410 SW CARPENTER WAY
City-St-Zip: FORT PIERCE, FL 34984

Title: SD () Delete
Name: CURRAN, KAREN
Address: 1517 SE CROWN ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete
Name: CORLEY, JEFF
Address: 481 N.W. BROKEN OAK TRAIL
City-St-Zip: JENSEN BEACH, FL 34957

Title: ED () Delete
Name: KOTTLER, RICHARD J JR.
Address: 5955 SOUTHEAST RIVERBOAT DR #623
City-St-Zip: STUART, FL 34997

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

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: RICHARD J. KOTTLER, JR.

ED

01/19/2009

Electronic Signature of Signing Officer or Director

Date