# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:07

DOCUMENT # N31152 (4)

1. Corporation Name
BIG SUN ASSOCIATION OF THE DEAF, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 NE 44 STR<br>OCALA FL 34479<br>US | 1000 NE 44 STR<br>OCALA FL 34479<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1989
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-2892632 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: SAME
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 1000 NE 44th St
27: Suite, Apt. #, etc.
28: City & State: Ocala FL
29: Zip: 34479
30: Country: MARION

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DEAN, H. EDWARD
230 NE 25TH AVE
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☐ Change ☐ Addition |
| NAME | GIRO, MARINO J | 1.2 NAME | GIRO, MARINO J | |
| STREET ADDRESS | 1775 SE 95 CT | 1.3 STREET ADDRESS | 1775 S.E. 95 CT | |
| CITY-ST-ZIP | SUMMERFIELD FL | 1.4 CITY-ST-ZIP | Summerfield FL 34491 | |
| TITLE | VD | 2.1 TITLE | VD | ☐ Change ☐ Addition |
| NAME | SURDAM, DENNIS W. JR. | 2.2 NAME | Surdam, Dennis W. Jr | |
| STREET ADDRESS | 11 SILVER TERR | 2.3 STREET ADDRESS | 11 Silver Terr | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | Ocala FL 34472 | |
| TITLE | ~~SD~~ | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | ~~BRANT, MARY~~ | 3.2 NAME | HARDY, Stephen J. II | |
| STREET ADDRESS | ~~3509 SE 33 AVE~~ | 3.3 STREET ADDRESS | 701 S.W. 62nd Blvd. Suite A2 | |
| CITY-ST-ZIP | ~~OCALA FL~~ | 3.4 CITY-ST-ZIP | Gainesville FL 32607-6012 | |
| TITLE | T | 4.1 TITLE | T | ☐ Change ☐ Addition |
| NAME | VON DER HEYDEN, DONALD | 4.2 NAME | Von Der Heyden, Donald | |
| STREET ADDRESS | 440 SW SHOREWOOD DR. | 4.3 STREET ADDRESS | 440 S.W. Shorewood Dr. | |
| CITY-ST-ZIP | DUNNELLON FL | 4.4 CITY-ST-ZIP | Dunnellon FL. 34431-3768 | |
| TITLE | TD | 5.1 TITLE | TD | ☐ Change ☐ Addition |
| NAME | VIVALOI, MIGUEL A JR | 5.2 NAME | Vivaldi, Miguel A Jr | |
| STREET ADDRESS | 1000 NE 44 STR | 5.3 STREET ADDRESS | 1000 NE 44th St | |
| CITY-ST-ZIP | OCALA FL | 5.4 CITY-ST-ZIP | Ocala FL 34479 | |
| TITLE | T | 6.1 TITLE | T | ☐ Change ☐ Addition |
| NAME | KONICKI, JIM | 6.2 NAME | Konicki, Jim | |
| STREET ADDRESS | 1735 SE 108 AVE | 6.3 STREET ADDRESS | 1735 S.E. 108 Ave | |
| CITY-ST-ZIP | SUMMERFIELD FL | 6.4 CITY-ST-ZIP | Summerfield FL 34491 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-3-1995 904 622 8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066618