

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **N31152** (4)

1. Corporation Name

BIG SUN ASSOCIATION OF THE DEAF, INC.



Principal Place of Business

Mailing Address

1000 NE 44 STR
OCALA FL 34479
US

1000 NE 44TH STREET
OCALA FL 34479
US

3. Date Incorporated or Qualified
03/13/1989

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2892632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GIRO, MARINO J
STREET ADDRESS 1775 SE 95 CT
CITY-ST-ZIP SUMMERFIELD FL ☒ DELETE

TITLE VD
NAME SURDAM, DENNIS W. JR.
STREET ADDRESS 11 SILVER TERR
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE SD
NAME HARDY, STEPHEN J II
STREET ADDRESS 701 SW 62ND BLVD., SUITE A2
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

TITLE T
NAME VON DER HEYDEN, DONALD
STREET ADDRESS 440 SW SHOREWOOD DR.
CITY-ST-ZIP DUNNELLON FL ☒ DELETE

TITLE TD
NAME VIVALOI, MIGUEL A JR
STREET ADDRESS 1000 NE 44 STR
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE T
NAME KONICKI, JIM
STREET ADDRESS 1735 SE 108 AVE
CITY-ST-ZIP SUMMERFIELD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President = PD ☒ Change ☐ Addition
1.2 NAME GARY L. CARTER
1.3 STREET ADDRESS 5030 S.E. 30th ST APT D.
1.4 CITY-ST-ZIP Ocala FL 34471

2.1 TITLE Vice President = VD ☒ Change ☐ Addition
2.2 NAME SANDRA Giguere
2.3 STREET ADDRESS 5030 S.E. 30th ST APT D
2.4 CITY-ST-ZIP Ocala FL 34471

3.1 TITLE Secretary = SD ☒ Change ☐ Addition
3.2 NAME Colleen Matcalf
3.3 STREET ADDRESS 5971 West Grove Pike RD
3.4 CITY-ST-ZIP Dunnellon, FL 34435

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME DECEASED
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE T.P. ☐ Change ☐ Addition
5.2 NAME MIGUEL A. VIVALDI JR
5.3 STREET ADDRESS 1000 N.E. 44th ST
5.4 CITY-ST-ZIP Ocala FL 34479

6.1 TITLE T ☐ Change ☐ Addition
6.2 NAME Jim Konicki
6.3 STREET ADDRESS 1735 SE. 108 AVE
6.4 CITY-ST-ZIP Summerfield FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

Date

352-622-8284

Daytime Phone #

CR2E037 (12/95)