FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N31152

(4)

BIG SUN ASSOCIATION OF THE DEAF, INC.

FILED						
May 20 1998 8:00am						
Secretary of State						

5,00						
Principal Plac	e of Business	Mailing Address		ימום ופון שוונם ופסוו וספון וספון ספס וסוווסטו ו	i aldii bidii biasi asbis dibis idal	
320 NW 56TH OCALA FL 344 US		320 NW 56TH AVENUE OCALA FL 34482 US		3. Date Incorporated or Qualified	Applied For Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional	
	^ - • • • • •	26 - Sam	16	5. Certificate of Status Desired	Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 3445		27		Trust Fund Contribution	Added to Fees	
City & Stat	+	City & State		7. Is this nonprofit corporation a homeow		
23 Ocal	Country	Zip Zip	Country	Yes		
24 3441	10 H (29 3	¬ '	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No	
<u> </u>	9. Name and Address of Current R		<u> </u>	18. Name and Address of New Register		
81 Name						
DEAN, H. EDWARD			82 Street A	Address (P.O. Box Number is Not Acceptable)		
230 NE 25TH AVE				,		
OCALA FL 32670			63			
			84 City	F	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, typod or printed name of registered agent an	d title if applicable (NOTE: I	Registered Agent signature r	required when reinstating) DAT	F	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 TITLE	P.D.	Change Addition	
NAME	HENDERSON, AARON L.		1.2 NAME	Gary Carker		
STREET ADDRESS	2620 SE 67TH STREET ROAD #	16	1.3 STREET ADDRESS	1005 Lexington St		
CITY-ST-ZIP	OCALA FL		1.4 CITY - ST - ZIP	Lakeland, M 33801		
TITLE	VD	DELETE	2.1 TITLE	V. 0	☐ Change ☐ Addition	
NAME	METCALF, GARY D.		2.2 NAME	pennis Surdam 5430 se. 30 ave		
STREET ADDRESS	27 PECAN DRIVE LOOP		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	OCALA FL SD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	GIGUERE, SANDRA J.	GS DECERE	3.2 NAME	S.D.	C. cuanto C. vocinor	
STREET ADDRESS	5030 SE 30TH STREET APARTM	ENT D	3.3 STREET ADDRESS	tina moreland		
CITY-ST-ZIP	OCALA FL	/	3.4. CITY-ST-ZIP	Silver Spring, F1 34	-188	
TITLE	10	DELETE	4.1 TITLE	- 0	Change Addition	
NAME	GREEN, ALESIA Y.		4. 2 NAME	miquel vivaldi, J	r	
STREET ADDRESS	\$20 NW 56TH AVENUE	/	4.3 STREET ADDRESS	1000 N.L 1		
CITY-SY-ZIP	O CALA FL	. /	4.4 CITY - ST - ZIP	Ocala, F1 34479		
TITLE	1	☑ DELETE	5.1 TITLE	Τ.	Change Addition	
NAME	KONICKI, JIM		5.2 NAME	Dana Blitch		
STREET ADDRESS	1735 SE 108 AVE	/	5.3 STREET ADDRESS	1600 M.E. 44 AVC		
CITY+ST-ZIP	SUMMERFIELD FL		5.4 CITY-ST-ZIP	Ocasa, F1 34470		
TITLE		FAL DEFEAR	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			

14. Thereby 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 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 of Justice 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 or an attantiment with an address.