

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31152**

1. Corporation Name

**BIG SUN ASSOCIATION OF THE DEAF, INC.**

Principal Place of Business

CENTER FOR INDEPENDENT/3445 NE 24TH STREET  
OCALA FL 34470  
US

Mailing Address

CENTER FOR INDEPENDENT/3445 NE 24TH STREET  
OCALA FL 34470  
US

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90031 043 \*\*\*\*61.25



2. Principal Place of Business

21 **same as above**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

3. Date Incorporated or Qualified

**03/13/1989**

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **CARTER, GARY**  
STREET ADDRESS **1005 LEXINGTON STREET**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **VD** ☒ DELETE  
NAME **SURDAM, DENNIS**  
STREET ADDRESS **5430 SE 30TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34480**

TITLE **SD** ☒ DELETE  
NAME **MORELAND, TINA**  
STREET ADDRESS **1046 NE 144TH COURT**  
CITY-ST-ZIP **SILVER SPRING FL 34488**

TITLE **TD** ☒ DELETE  
NAME **VIVALDI, JR MIGUEL**  
STREET ADDRESS **1000 NE 44TH STREET**  
CITY-ST-ZIP **OCALA FL 34479**

TITLE **T** ☒ DELETE  
NAME **BLITCH, DANA**  
STREET ADDRESS **1600 NE 49TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Colleen Metcalf**  
1.3 STREET ADDRESS **27 Pecan Drive Loop**  
1.4 CITY-ST-ZIP **Ocala, FL 34472**

2.1 TITLE **V.D** ☒ Change ☐ Addition  
2.2 NAME **Dennis Surdam**  
2.3 STREET ADDRESS **5430 SE 30th Ave**  
2.4 CITY-ST-ZIP **Ocala, FL 34480**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Dana Blitch**  
3.3 STREET ADDRESS **3075 N.E. 147th ct**  
3.4 CITY-ST-ZIP **Silver Spring, FL 34488**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **Kelly Champion**  
4.3 STREET ADDRESS **P.O. Box 991**  
4.4 CITY-ST-ZIP **Anthony, FL 32617**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE: **Colleen Metcalf** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 6 1999**

Date

Daytime Phone #

CR2E037 (11/98)