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

APPROVED AND FILED

95 APR 17 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35319 (5)

1. Corporation Name

RIVER CITY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business	Mailing Address
C/O HENRIETTA E SAMPLES 8480 MANRESA AVE ORANGE PARK FL 32073	C/O HENRIETTA E SAMPLES 8480 MANRESA AVE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2980944 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CHEVALIER,JULIETTE
8433 SOUTHSIDE BLVD
SUITE 109
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: PAULINE HICKS
82 Street Address (P.O. Box Number is Not Acceptable): 1703 Wood Hill Place
83
84 City: Jacksonville, FL 85 Zip Code: 32256

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: PAULINE HICKS Pauline Hicks Apr. 11, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HARMAN,JACK	12 NAME		
STREET ADDRESS	7119 GAILLARDIA RD SOUTH	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HOWE, KEN	22 NAME		
STREET ADDRESS	13093 MANDARIN RD.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SCOTT, HAROLD	32 NAME		
STREET ADDRESS	7729 LAUDERDALE DR N.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	P	☒ Change ☐ Addition
NAME	CHEVALIER,JULIETTE	42 NAME	PAULINE HICKS	
STREET ADDRESS	8433 SOUTHSIDE BLVD 109	43 STREET ADDRESS	1703 Wood Hill Place	
CITY-ST-ZIP	JACKSONVILLE FL 32256	44 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	REESE,MICHELE	52 NAME		
STREET ADDRESS	1940 E. BURKHOLDER CIRCLR	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	V	☒ Change ☐ Addition
NAME	HICKS, PAULINE	62 NAME	AUDREY SCOTT	
STREET ADDRESS	7918 PRAVER DR WEST	63 STREET ADDRESS	7729 Lauderdale Drive N. 2	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL 3211	

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: Pauline Hicks April 11, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytona Division 9

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