

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 # **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

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
04/17/1995

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

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25

29

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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**

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

HICKS, PAULINE
1703 WOOD HILL PLACE
SUITE 109
JACKSONVILLE FL 32256

81 Name

GARY WAYNE CARROLL

82 Street Address (P.O. Box Number is Not Acceptable)

11539 West Ride Drive

83

FL

84 City

Jacksonville,

FL

85 Zip Code

32223

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

Gary Wayne Carroll, P

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

(NOTE: Registered Agent signature required when reinstating)

1-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HARMAN, JACK**
STREET ADDRESS **7119 GAILLARDIA RD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

1.1 TITLE **T** ☐ Change ☐ Addition
1.2 NAME **BUTCH GODSEY**
1.3 STREET ADDRESS **5261 Emory Circle**
1.4 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **D** ☒ DELETE
NAME **HOWE, KEN**
STREET ADDRESS **13093 MANDARIN RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **T** ☐ Change ☐ Addition
2.2 NAME **JOHNNIE JOHNSTON**
2.3 STREET ADDRESS **2495 Segovia Avenue**
2.4 CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **D** ☒ DELETE
NAME **SCOTT, HAROLD**
STREET ADDRESS **7729 LAUDERDALE DR N.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **DIANE KLINGENSMITH**
3.3 STREET ADDRESS **5959 Fort Caroline Rd. #1304**
3.4 CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **P** ☒ DELETE
NAME **HICKS, PAULINE**
STREET ADDRESS **1703 WOOD HILL PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **P** ☐ Change ☐ Addition
4.2 NAME **GARY WAYNE CARROLL**
4.3 STREET ADDRESS **11539 West Ride Drive**
4.4 CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **S** ☒ DELETE
NAME **REESE, MICHELE**
STREET ADDRESS **1940 E. BURKHOLDER CIRCLR**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

5.1 TITLE **S** ☐ Change ☐ Addition
5.2 NAME **Carol Kaspar**
5.3 STREET ADDRESS **10220 Pine Breeze Road W.**
5.4 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **V** ☐ DELETE
NAME **SCOTT, AUDREY**
STREET ADDRESS **7729 LAUDERDALE DRIVE, N.**
CITY-ST-ZIP **JACKSONVILLE FL**

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

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: **Audrey Scott, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)