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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35319** (5)

1. Corporation Name

**RIVER CITY ASSOCIATION OF THE DEAF, INC.**

Principal Place of Business

**C/O HENRIETTA E SAMPLES  
8480 MANRESA AVE  
ORANGE PARK FL 32073**

Mailing Address

**C/O HENRIETTA E SAMPLES  
8480 MANRESA AVE  
ORANGE PARK FL 32073**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**11/13/1989**

4. FEI Number

**59-2980944**

Applied For

☐ Yes ☒ 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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**GARY WAYNE CARROLL  
11539 WEST RIDE DRIVE  
JACKSONVILLE FL 32223**

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 **Gary Carroll, VP**

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 ☒ DELETE

NAME **SCOTT, HAROLD**  
STREET ADDRESS **7729 LAUDERDALE DR N**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **JOHNSTON, JOHNNIE**  
STREET ADDRESS **2495 SEGOVIA AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **KUNGENSMITH, DIANE**  
STREET ADDRESS **5959 FORT CAROLINE ROAD, #1304**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **CARROLL, GARY W**  
STREET ADDRESS **11539 WEST RIDE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **SMITH, GAYLE**  
STREET ADDRESS **4625 REDWOOD AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **BREMER, BARON**  
1.2 NAME **8485 MANRESA AVENUE**  
1.3 STREET ADDRESS **ORANGE PARK, FL 32073**  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **CHEVALIER, JULIETTE**  
2.3 STREET ADDRESS **11556 WEST RIDE DRIVE**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32223-7450**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SMITH, GAYLE**  
3.3 STREET ADDRESS **4625 REDWOOD AVENUE**  
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **VON DOLTEREN, ANTHONY**  
4.3 STREET ADDRESS **12753 SAND RIDGE DRIVE**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32258**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **MAY, MICHELE R.**  
5.3 STREET ADDRESS **P. O. BOX 550875 (N/A)**  
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32255-0875**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **CARROLL, GARY**  
6.3 STREET ADDRESS **11539 WEST RIDE DRIVE**  
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32223-7449**

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.

SIGNATURE: **Anthony VonDolteren**

SIGNATURE AND TYPED OR PRINTED

OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (10/97)