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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N35319

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.

22 City & State

23 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

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

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

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 D
NAME BREMER, BARON
STREET ADDRESS 8485 MANRESA VENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D
NAME CHEVALIER, JULIETTE
STREET ADDRESS 11556 WEST RIDE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D
NAME SMITH, GAYLE
STREET ADDRESS 4625 REDWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P
NAME VON DOLTEREN, ANTHONY
STREET ADDRESS 12753 SAND RIDGE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE S
NAME MAY, MICHELE R.
STREET ADDRESS P.O. BOX 550875 N/A
CITY-ST-ZIP JACKSONVILLE FL 32255

TITLE V
NAME CARROLL, GARY
STREET ADDRESS 11539 WEST RIDE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

Anthony von Dolteren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

Daytime Phone #

CR2F037 (1/98)