

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90110 027 ****61.25

UN07321

DOCUMENT # N35319

1. Entity 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**

906820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2980944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T CARROLL, ELLEN	<input type="checkbox"/> Delete
STREET ADDRESS	11539 W. RIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223-7449	
TITLE NAME	VP CHEVALIER, JULIETTE	<input type="checkbox"/> Delete
STREET ADDRESS	7740 SOUTHSIDE BLVD. #2901	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	T HARMAN, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	7119 GAILLARDIA RD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE NAME	T SCOTT, HAROLD	<input type="checkbox"/> Delete
STREET ADDRESS	7729 LAUDERDALE DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE NAME	S SCOTT, AUDREY	<input type="checkbox"/> Delete
STREET ADDRESS	7729 LAUDERDALE DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE NAME	P CARROLL, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	11539 WEST RIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY SCOTT, Secy 1-18-01

TDD: 904-744-077

Daytime Phone #

CP2E037 (10/00)