

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91131 023 ****61.25

DOCUMENT # N35319

1. Entity Name

RIVER CITY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2980944

Applied For

Not Applicable

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

Joseph Stevens

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

2843 Blackberry Ave

Middleburg

City

FL

Zip Code

32068

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

Joseph Stevens President - RCAD

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

TITLE	N	NAME	CHANGE	ADDITION
NAME		Winfred Godsey	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		5261 Emory Circle		
CITY-ST-ZIP		Jacksonville, FL 32068		
TITLE	S	NAME	CHANGE	ADDITION
NAME		Christine Stevens	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		2843 Blackberry Ave		
CITY-ST-ZIP		Middleburg, FL 32068		
TITLE	T	NAME	CHANGE	ADDITION
NAME		Andy Von Dolteren	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		12753 Sand Ridge Drive		
CITY-ST-ZIP		Jacksonville, FL 32258		
TITLE	T	NAME	CHANGE	ADDITION
NAME		George Chevalier	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		11648 Pine Acres Road #23		
CITY-ST-ZIP		Jacksonville, FL 32223		
TITLE	P	NAME	CHANGE	ADDITION
NAME		Joseph R. Stevens	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		2843 Blackberry Ave		
CITY-ST-ZIP		Middleburg, FL 32068-7001		
TITLE		NAME	CHANGE	ADDITION
NAME			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

CR2E037 (9/01)

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:

Joseph Stevens REQUIRED

April 27 2002 (904) 291-9654

Voice 911