

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N35319

FILED  
Dec 01, 2007  
Secretary of State

Entity Name: RIVER CITY ASSOCIATION OF THE DEAF, INC.

## Current Principal Place of Business:

1371 KEEL CT  
ORANGE PARK, FL 32003 02

## New Principal Place of Business:

37388 ORANGE ST.  
HILLIARD, FL 32046

## Current Mailing Address:

1371 KEEL CT  
ORANGE PARK, FL 32003 02

## New Mailing Address:

37388 ORANGE ST.  
HILLIARD, FL 32046

FEI Number: 59-2980944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, CHRISTINE  
1371 KEEL CT  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

QUINONES, HERBIE  
37388 ORANGE ST.  
HILLIARD, FL 32046 US

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: HERIBERTO QUINONES

12/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: COPPINGER, KERRY  
Address: 6434 JACK WRIGHT ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: P ( ) Delete  
Name: STEVENS, CHRISTINE  
Address: 1371 KEEL CT  
City-St-Zip: ORANGE PARK, FL 32003

Title: T ( ) Delete  
Name: MC DAVID, RANDY  
Address: 4325 PLAZA GATE LN, S #202  
City-St-Zip: JACKSONVILLE, FL 32247

Title: S ( ) Delete  
Name: COOLER, DONALD  
Address: 6434 JACK WRIGHT ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: DATTILIO, JANET  
Address: 1035 ARROWHEAD CT  
City-St-Zip: JACKSONVILLE, FL 322577001

Title: D ( ) Delete  
Name: MOORE, RON  
Address: 1701 PARK AVE  
City-St-Zip: ORANGE, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: COOLER, KERRY  
Address: 6434 JACK WRIGHT ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: P (X) Change ( ) Addition  
Name: QUINONES, HERBIE  
Address: 37388 ORANGE ST.  
City-St-Zip: HILLIARD, FL 32046

Title: T (X) Change ( ) Addition  
Name: SHAW, DANNY  
Address: 1482 CRABAPPLE COVE CT. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: QUINONES, JANET  
Address: 37388 ORANGE ST.  
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Change ( ) Addition  
Name: RECKERT, MADDY  
Address: 9087 BERENS ST.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY SHAW

T

12/01/2007

Electronic Signature of Signing Officer or Director

Date