

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 040 ****61.25

DOCUMENT # N35319

1. Entity 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
**40 Joseph R. Stevens
2843 Blackberry Ave
Suite, Apt. #, etc.**

3. Mailing Address
**2843 Blackberry Ave
Suite, Apt. #, etc.**

City & State
**Middleburg, FL
Zip 32068-7001**

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**Middleburg, FL
Zip 32068-7001**

4. FEI Number **59-2980944**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEVENS, JOSEPH
2843 BLACKBERRY AVE.
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph R. Stevens President RCAD*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODSEY, WINFRED 5261 EMORY CIR. JACKSONVILLE FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, CHRISTINE 2843 BLACKBERRY AVE. MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VON DOLTEREN, ANDY 12753 SAND RIDGE DR. JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEVALIER, GEORGE 11648 PINE ACRES RD. #23 JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, JOSEPH R 2843 BLACKBERRY AVE. MIDDLEBURG FL 32068-7001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, GARY 11539 WEST RIDE DRIVE JACKSONVILLE FL 32223	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen Buck 9009 DERRICKSON DR JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7T Audrey Scott 7729 Lauderdale Drive N. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 R. Stevens
SIGNATURE REQUIRED

**711-VOICE
2-26-03 (904) 291-9654 TRY**

CR2E037 (10/02)