

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra Br Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N38475** (2)

1. Corporation Name

**NORTHEAST FLORIDA EDUCATIONAL CONSORTIUM FOR THE  
DEAF AND HARD OF HEARING, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>%JOHN MICHAEL TRAYNOR<br/>28 CORDOVA STREET<br/>ST. AUGUSTINE FL 32084</b> | Mailing Address<br><b>%JOHN MICHAEL TRAYNOR<br/>28 CORDOVA STREET<br/>ST. AUGUSTINE FL 32084-3827</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/04/1990</b> | 3a. Date of Last Report<br><b>06/03/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3025025</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>TRAYNOR, JOHN MICHAEL<br/>28 CORDOVA STREET<br/>ST. AUGUSTINE FL 32084</b> |  |
|--|--|

|   |  |
|---|--|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |  |
|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SERWATKA, TOM DR.<br>9966 E. MERLIN DRIVE<br>JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MCCLURE, MARGARET<br>2 SEA OAKS DR<br>ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>SIMON, SHANNON<br>162 NAUTILUS ROAD<br>ST. AUGUSTINE FL <input type="checkbox"/> DELETE                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Larew, Steve<br>P.O. Box 1207<br>St. Augustine FL 32085 <input type="checkbox"/> DELETE                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Dr. Paige French<br>1701 Prudential Dr.<br>Jacksonville FL 32207 <input type="checkbox"/> DELETE        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br>LAREW, STEVE<br>P.O. Box 1207 N/A<br>St. Augustine, FL 32085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VD<br>FRENCH, DR. PAIGE<br>1701 Prudential Drive<br>Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. I do 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.

SIGNATURE: Shannon Simon 1/31/97 904-797-4795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001288

CR2E037 (9/96)