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Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38475** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**%JOHN MICHAEL TRAYNOR  
28 CORDOVA STREET  
ST. AUGUSTINE FL 32084**

**%JOHN MICHAEL TRAYNOR  
28 CORDOVA STREET  
ST. AUGUSTINE FL 32084**



3. Date Incorporated or Qualified

**06/04/1990**

4. FEI Number

**59-3025025**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAYNOR, JOHN MICHAEL  
28 CORDOVA STREET  
ST. AUGUSTINE FL 32084**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **LAREW, STEVE**  
STREET ADDRESS **P.O. BOX 1207**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32085**

TITLE VD ☒ DELETE

NAME **FRENCH, DR. PAIGE**  
STREET ADDRESS **1701 PRUDENTIAL DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE STD ☐ DELETE

NAME **SIMON, SHANNON**  
STREET ADDRESS **182 NAUTILUS ROAD**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME **Lucretia Childers**  
1.3 STREET ADDRESS **11901 Beach Blvd.**  
1.4 CITY-ST-ZIP **Jacksonville, 32246**

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME **Earlene Perry**  
2.3 STREET ADDRESS **1701 Prudential Drive, 4th Floor**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32207**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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* **Shannon Simon**

*1/15/98* **904-797-4795**

CR2E037 (10/97)