

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39587

FILED
Apr 27, 2004
Secretary of State

Entity Name: GREATER TAMPA BAY ASSOCIATION OF THE DEAF, INC.

Current Principal Place of Business:

12574 70TH ST. NORTH
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

12574 70TH ST. NORTH
LARGO, FL 33773

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWMAN, TERRY
12574 70TH STREET NORTH
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAUER, ANDREA
Address: 679 SEDGEWICK WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: BARNHART, MATT
Address: 3093 WEBLEY DR
City-St-Zip: LARGO, FL 33771

Title: S (X) Delete
Name: ROMAN, LOUIS
Address: 705 E. 114TH AVE.
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: ELMORE, MARIA
Address: 7081 44TH STREET N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: AD () Delete
Name: RUTLEDGE, MICHAEL
Address: 12545 70TH ST.
City-St-Zip: LARGO, FL 33773

Title: PD () Delete
Name: PIPER, BRANDIE
Address: 4500 80TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD/S (X) Change () Addition
Name: ELMORE, MARIA
Address: 7081 44TH STREET N.
City-St-Zip: PINELLAS PARK, FL 33781

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA ELMORE

TD/S

04/27/2004

Electronic Signature of Signing Officer or Director

Date