

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39587

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3123 CODY ST  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3123 CODY ST  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3674975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUTLEDGE, MICHAEL  
3123 CODY STREET  
NEW PORT RICHEY, FL 34655 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: 5288 KARISBURG PLACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD/S ( ) Delete  
Name: BAUER, TOM  
Address: 5288 KARISBURG PLACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: AD ( ) Delete  
Name: RUTLEDGE, MICHAEL  
Address: 16406 CYPRESS WATER WAY #1210  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: AD (X) Change ( ) Addition  
Name: BAUER, TOM  
Address: 5288 KARISBURG PLACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD/S (X) Change ( ) Addition  
Name: RUTLEDGE, MICHAEL  
Address: 16406 CYPRESS WATER WAY #1210  
City-St-Zip: TAMPA, FL 33624

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: MICHAEL RUTLEDGE

TD/S

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date