


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90013 008 ****61.25

DOCUMENT # N42024 1. Entity Name DEAF SERVICE CENTER OF LAKE COUNTY, INC.					
Principal Place of Business 420 W MAIN STREET LEESBURG, FL 34748 US			Mailing Address 420 W MAIN STREET LEESBURG, FL 34748 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAHLY, RON 414 W MAIN ST LEESBURG, FL 34748				Name <u>(same)</u> Street Address (P.O. Box Number is Not Acceptable) <u>420 W. Main St.</u> City <u>(same)</u> FL Zip Code <u>(same)</u>	
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 <u>Ronald E. Dahly</u> Ronald E. "Ron" Dahly <u>7/8/04</u> <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	TD PRINGLE, JOHN S HWY 27 26600 ACE AVE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, ZOANN 31849 BLANTON LN TAVARES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKEHAN, LEIGH PO BOX 490420 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLINT, NANCY 707 CASCADE AVE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RASMUSSEN, ALYSSE D 407 S. 12TH STREET LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, ED 13 KEY LARGO WAY LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GREG 2801 S. BAY ST EUSTIS, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, RICHARD A 11220 SE 179TH PL SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54063593



07092004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3037695** Applied For ☐ Not Applicable ☒

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

Attachment

57063593

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # N42024 Deaf Service Center of Lake County, Inc.

BLOCK 11 (continued):

D
COLEY, SUE ANN
1 ORCHID DR.
FRUITLAND PARK, FL 34731

ADDITION

D
DAVENPORT, GERIANNE
3210 WATERMAN WAY
TAVARES, FL 32778

ADDITION

D
LEE, VIRGINIA
3033 MYAKKA RIVER RD
TAVARES, FL 34778

ADDITION

TD
MENACHO, DOROTHY
1003 E. NORTH BLVD., STE 1
LEESBURG, FL 34748

ADDITION

D
POWELL, THOMAS
1100 N. LEE ST
LEESBURG, FL 34748

ADDITION