
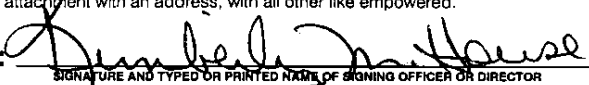


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 037 ****61.25

DOCUMENT # N42024 1. Entity Name DEAF SERVICE CENTER OF LAKE COUNTY, INC.					
Principal Place of Business 220 S. 9TH STREET LEESBURG, FL 34748 US			Mailing Address 220 S. 9TH STREET LEESBURG, FL 34748 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3037695	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUSE, KIMBERLY 220 S. 9TH STREET LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELUCA, TONY		NAME		
STREET ADDRESS	2801 S. BAY STREET		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS, FL 32726		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, ZOANN		NAME		
STREET ADDRESS	31849 BLANTON LN		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, GREG		NAME		
STREET ADDRESS	2801 S BAY ST		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS, FL 32726		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, RICHARD A		NAME		
STREET ADDRESS	11220 SE 179TH PL		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, TED		NAME		
STREET ADDRESS	P.O. BOX 219		STREET ADDRESS		
CITY - ST - ZIP	OCALA, FL 34471		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANDLER, JOHN		NAME		
STREET ADDRESS	4443 NOTTOWAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4-12-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40065914



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3037695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, KIMBERLY
220 S. 9TH STREET
LEESBURG, FL 34748

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
D
DELUCA, TONY
2801 S. BAY STREET
EUSTIS, FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOODMAN, ZOANN
31849 BLANTON LN
TAVARES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KING, GREG
2801 S BAY ST
EUSTIS, FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JAMES, RICHARD A
11220 SE 179TH PL
SUMMERFIELD, FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITE, TED
P.O. BOX 219
OCALA, FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHANDLER, JOHN
4443 NOTTOWAY DRIVE
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 

4-12-07
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



ATTACHMENT 40065914
Division of Corporations

Annual Report

Annual Report Help

Document Number
N42024

Business Entity Name
DEAF SERVICE CENTER OF LAKE COUNTY, INC.

FEI Number	593037695			
FEI Number Status	Listed Above	Applied For	Not Applicable	
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

Principal Place of Business

Address 220 S. 9TH STREET
Suite, Apt. #, etc.
City, State LEESBURG, FL
Zip Code & Country 34748 US

Mailing Address

Address 220 S. 9TH STREET
Suite, Apt. #, etc.
City, State LEESBURG, FL
Zip Code & Country 34748 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HOUSE, KIMBERLY, ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 220 S. 9TH STREET

Suite, Apt. #, etc.

City, State LEESBURG, FL

Zip Code & Country 34748 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40065914

#N/42024

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) DELUCA , TONY , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2801 S. BAY STREET
City, State EUSTIS , FL
Zip Code & Country 32726

Title D
Name (Last, First, Middle, Title) GOODMAN , ZOANN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 31849 BLANTON LN
City, State TAVARES , FL
Zip Code & Country

Title D
Name (Last, First, Middle, Title) KING , GREG , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2801 S BAY ST
City, State EUSTIS , FL
Zip Code & Country 32726

Title PD

Name (Last, First, Middle, Title)

JAMES

RICHARD

A

- OR -

Entity Name to serve as
Officer/Director

Street Address

11220 SE 179TH PL

City, State

SUMMERFIELD

, FL

Zip Code & Country

34491

Title

D

Name (Last, First, Middle, Title)

WHITE

, TED

- OR -

Entity Name to serve as
Officer/Director

Street Address

P.O. BOX 219

City, State

OCALA

, FL

Zip Code & Country

34471

Title

D

Name (Last, First, Middle, Title)

CHANDLER

, JOHN

- OR -

Entity Name to serve as
Officer/Director

Street Address

4443 NOTTOWAY DRIVE

City, State

LEESBURG

, FL

Zip Code & Country

34748

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Executive Director



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset



ATTACHMENT

40065914

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2007

DEAF SERVICE CENTER OF LAKE COUNTY, INC.
220 S. 9TH STREET
LEESBURG, FL 34748 US

SUBJECT: DEAF SERVICE CENTER OF LAKE COUNTY, INC.
Ref. Number: N42024

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 207A00021099

*Please make a
copy for Mariah
leave it on her desk
& mail check + original
signed form to Fed. Dept of
State*