

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42024

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

220 S. 9TH STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

220 S. 9TH STREET
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-3037695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE, KIMBERLY
220 S. 9TH STREET
LEESBURG, FL 34748 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: D () Delete
Name: DELUCA, TONY
Address: 2801 S. BAY STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: GOODMAN, ZOANN
Address: 31849 BLANTON LN
City-St-Zip: TAVARES, FL

Title: D () Delete
Name: KING, GREG
Address: 2801 S BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: PD () Delete
Name: JAMES, RICHARD A
Address: 11220 SE 179TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: WHITE, TED
Address: P.O. BOX 219
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: CHANDLER, JOHN
Address: 4443 NOTTOWAY DRIVE
City-St-Zip: LEESBURG, FL 34748

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

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 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: KIMBERLY HOUSE

ED

04/30/2008

Electronic Signature of Signing Officer or Director

Date