

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 17 1997 8:00am
 Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44844 (1)

1. Corporation Name
 DEAF SERVICE CENTER OF POLK COUNTY, INC.



Principal Place of Business Mailing Address
 6107 DONEGAL WEST P.O. BOX 27
 LAKELAND FL 33813 LAKELAND FL 33802-0027
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6107 Donegal West	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/23/1991	3a. Date of Last Report 02/26/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3038414	Applied For Not Applicable
23 City & State LAKELAND, FL	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33813	25 Country Polk	29 Zip	30 Country Polk
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

WELLS, RUTH Ruth wells Sebastiano
 6107 DONEGAL WEST (name change only)
 LAKELAND FL 33813

81 Name Ruth Sebastiano	82 Street Address (P.O. Box Number is Not Acceptable) 822 AVE X N.W.
83	
84 City Winter Haven	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Ruth A. Sebastiano Executive Director DATE 8-5-97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	WELLS, RUTH A. 4123 PALO ALTO CT LAKELAND FL	1.1 TITLE	SEBASTIANO RUTH A. 822 AVE X N.W. WINTER HAVEN FL
TITLE VD	SEBASTIANO, SANDRA 6107 DONEGAL WEST LAKELAND FL	2.1 TITLE	
TITLE SD	POKA, BARBARA 1710 BROKEN ARROW TRAIL NORTH LAKELAND FL	3.1 TITLE	Karen Bailey 321 Imperial Blvd. Apt 81 H LAKELAND, FL. 33803
TITLE TD	MELA, BILLY 411 S. KENTUCKY AVE LAKELAND FL	4.1 TITLE	
TITLE D	LEWIS, DALE 2027 ROSSI LANE LAKELAND FL	5.1 TITLE	800002298758 -09/22/97--01003--004 ***8.75
TITLE D	HACKING, DEBRA 402 9TH ST NE MULBERRY FL	6.1 TITLE	700002298757 -09/22/97--01003--003 ***61.25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Ruth A. Sebastiano SIGNATURE REQUIRED

CR2E037 (4/97)