

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44844

FILED
Mar 31, 2005
Secretary of State

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

Current Principal Place of Business:

822 AVE X N W
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

6107 DONEGAL WEST
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-3038414 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEBASTIANO, RUTH
822 AVE X N.W.
WINTER HAVEN, FL 33880 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: PD () Delete
Name: SEBASTIANO, RUTH A
Address: 822 AVE X N.W.
City-St-Zip: WINTER HAVEN, FL

Title: VPD () Delete
Name: SEBASTIANO, SANDRA
Address: 6107 DONEGAL WEST
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete
Name: DYE, AUDREY
Address: 4103 SHDY VIEW RUN
City-St-Zip: MULBERRY, FL 33860

Title: SD () Delete
Name: RICH, KAREN
Address: 203 NO COMBEC ROAD
City-St-Zip: LAKELAND, FL 33801

Title: TD () Delete
Name: ROMEO, DAVID
Address: 2427 PARKLAND DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: ATD () Delete
Name: SEBASTIANO, JOANNE
Address: P.O. BOX 664
City-St-Zip: ANNA MARIA, BRADENTON, FL 34209

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:

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Title: () Change () Addition
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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 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 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: SANDRA SEBASTIANO

VPD

03/31/2005

Electronic Signature of Signing Officer or Director

Date