

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49606 (9)

1. Corporation Name

DEAF SERVICE CENTER OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

5750 MARGATE BLVD.
#106
MARGATE FL 33063

5750 MARGATE BLVD.
#106
MARGATE FL 33063

3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
09/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0345139

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS A. MAYES
6989 CAMDEN COURT
MARGATE FL 33063

81 Name Julia Mayes

82 Street Address (P.O. Box Number is Not Acceptable)
6989 Camden Court

83

84 City Margate

FL

85 Zip Code 33063

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

Julia B. Mayes

(NOTE: Registered Agent signature required when reinstating)

8/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NEIL STARR
STREET ADDRESS 1213 LAKE POINTE LANE
CITY - ST - ZIP PLANTATION FL 33322

☒ DELETE

1.1 TITLE Julia Mayes, Chair D
1.2 NAME
1.3 STREET ADDRESS 6989 Camden Court
1.4 CITY - ST - ZIP Margate, FL 33063

☐ Change ☒ Addition

TITLE D
NAME JAMES MADISON
STREET ADDRESS 7400 STIRLING ROAD
CITY - ST - ZIP HOLLYWOOD FL 33024

☒ DELETE

2.1 TITLE Vice Chair D
2.2 NAME Rita Delgado
2.3 STREET ADDRESS 9153 NW 53 St.
2.4 CITY - ST - ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

TITLE D
NAME TOM MAYES
STREET ADDRESS 6989 CAMDEN COURT
CITY - ST - ZIP MARGATE FL 33063

☒ DELETE

3.1 TITLE Secretary D
3.2 NAME Linda Hobensack
3.3 STREET ADDRESS 12206 Royal Palm Blvd
3.4 CITY - ST - ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

400001925554
-08/19/96--01028--038
***61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

DATE

954-971-9200

Daytime Phone

0006199

CR2E037 (3/96)