

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90008 018 ****61.25

DOCUMENT # N50275

1. Corporation Name

DEAFBLIND DEVELOPMENT CENTER, INC.

Principal Place of Business

12123 AREACA DR
EAST TOWER, PHILLIPS POINT
WELLINGTON FL 33414
US

Mailing Address

P O BOX 16774
EAST TOWER, PHILLIPS POINT
W PALM BEACH FL 33416-6774
US



2. Principal Place of Business

21 **12123 AREACA DR.**

Suite, Apt. #, etc.

22

City & State

23 **WELLINGTON FL**

Zip Country

24 **33414** 25 **USA**

2a. Mailing Address

26 **12123 AREACA DR.**

Suite, Apt. #, etc.

27

City & State

28 **WELLINGTON FL**

Zip Country

29 **33414** 30 **USA**

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0367545

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

9. Name and Address of Current Registered Agent

SKLAR, WILLIAM P.
777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MCGINLEY, KEVIN**
CITY-ST-ZIP **2450 PALM RD**
W PALM BEACH FL 33401

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GREEN, DELORES**
CITY-ST-ZIP **1724 17TH LN**
PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DOYLE, DOROTHY**
CITY-ST-ZIP **759 PARKWAY ST**
JUPITER FL 33477

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **JONES, DAVID**
CITY-ST-ZIP **15737 75TH AVE NO**
PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROWN, BILL**
CITY-ST-ZIP **1053 MELINDA LN**
W PALM BEACH FL 33406

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STROMINGER, BARBARA**
CITY-ST-ZIP **824 US HWY 1 STE 260**
N PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

DAVID JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99
Date

(561) 586-4003
Daytime Phone #

CR2E037 (11/98)

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