

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90918 010 ****70.00

DOCUMENT # N50275

1. Entity Name

DEAFBLIND DEVELOPMENT CENTER, INC.

Principal Place of Business

12123 AREACA DR
 WELLINGTON FL 33414
 US

Mailing Address

PO BOX 19714
 WEST PALM BEACH FL 33416
 US

2. Principal Place of Business

1300 N. CONGRESS AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0367545

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCGINLEY, KEVIN	
STREET ADDRESS	2450 PALM RD	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, DELORES	
STREET ADDRESS	1724 17TH LN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, DOROTHY	
STREET ADDRESS	759 PARKWAY ST	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	15737 75TH AVE NO	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BILL	
STREET ADDRESS	1053 MELINDA LN	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROMINGER, BARBARA	
STREET ADDRESS	824 US HWY 1 STE 260	
CITY-ST-ZIP	N PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L. JONES 4-25-01 (561) 586-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE