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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005258 (9)

1. Corporation Name

FLORIDA KEYS DEAF SERVICES, INC.



Principal Place of Business

1405 PETRONIA STREET
KEY WEST FL 33040

Mailing Address

PO BOX 6501
KEY WEST FL 33041-6501

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEDMAN, MAURENE
1405 PETRONIA STREET
KEY WEST FL 33040

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FREEDMAN, M AURENE
STREET ADDRESS 1405 PETRONIA ST.
CITY-ST-ZIP KEY WEST FL 33040

11 TITLE VP ☒ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME MULVANEY, WILLIAM
STREET ADDRESS 3312 NORTHSIDE DR., #208
CITY-ST-ZIP KEY WEST FL 33040

12 TITLE P ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHUFFMAN, JAN
STREET ADDRESS 1006 VON PHISPER #1
CITY-ST-ZIP KEY WEST FL 33040

13 TITLE ~~SECRETARY~~ ☒ Change ☐ Addition

TITLE TD ☒ DELETE

NAME BRANCUCCI, JOSEPH
STREET ADDRESS 1515 PATRICIA ST.
CITY-ST-ZIP KEY WEST FL 33040

31 TITLE OK ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME SCHORZAFAVE, GREG
STREET ADDRESS 2600 PATTERSON AVE.
CITY-ST-ZIP KEY WEST FL 33040

32 NAME VICKI BRANSON ☐ Change ☒ Addition

TITLE DS ☒ DELETE

NAME AVER, STEVE
STREET ADDRESS 2527 SEIDENBERG AVE.
CITY-ST-ZIP KEY WEST FL 33040

33 STREET ADDRESS 1209 TRUMAN AVE #5 ☐ Change ☒ Addition

TITLE DS ☒ DELETE

NAME AVER, STEVE
STREET ADDRESS 2527 SEIDENBERG AVE.
CITY-ST-ZIP KEY WEST FL 33040

34 CITY-ST-ZIP Key West, FL 33040 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vicki Branson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI BRANSON

Date

4/17/96 305-294-1243

Daytime Phone #

CR2E037 (12/95)