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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005258 (9)

1. Corporation Name

FLORIDA KEYS DEAF SERVICES, INC.

Principal Place of Business

Mailing Address

1405 PETRONIA STREET  
KEY WEST FL 33040

PO BOX 2637  
KEY WEST FL 33045-2637

2. Principal Place of Business

2a. Mailing Address

21 1400 VON PHISTER ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 KEY WEST

28

Zip

Country

Zip

Country

24 33040

25 MONROE

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0436184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

FREEDMAN, MAURENE  
1405 PETRONIA STREET  
KEY WEST FL 33040

81 Name

DR. WILLIAM B. HAWTHORNE

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

1400 VON PHISTER ST

83

84

KEY WEST

FL

85 Zip Code

33040

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

1-7-98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
FREEDMAN, M AURENE  
1405 PETRONIA ST.  
KEY WEST FL 33040

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MULVANEY, WILLIAM  
3312 NORTHSIDE DR., #208  
KEY WEST FL 33040

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
HOOT, DAVID  
615 WILLIAM STREET  
KEY WEST FL 33040

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
HACKER, MARC  
1400 VON PHISTER STREET  
KEY WEST FL 33040

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
HAWTHORNE, DR. BILL  
1400 VON PHISTER STREET  
KEY WEST FL 33040

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
TAYLOR, ANN  
5601 COLLEGE ROAD  
KEY WEST FL 33040-N

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
ABELLA, JEANETTE  
MINORCA DRIVE 30818  
BIG PINE KEY FL 33043

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD  
HOOT, DAVID  
615 WILLIAM ST  
KEY WEST FL 33040

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: E. Marc Hacker

1/7/98

(305)

2940659

CR2E037 (10/97)