

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 23, 1999 8:00 am  
Secretary of State

07-23-1999 90010 033 \*\*\*\*61.25

DOCUMENT # N93000005258

1. Corporation Name

FLORIDA KEYS DEAF SERVICES, INC.

Principal Place of Business

1400 VON PHISTER ST  
KEY WEST FL 33040  
US

Mailing Address

PO BOX 2637  
KEY WEST FL 33045-2637



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HAWTHORNE, WILLIAM B DR  
1400 VON PHISTER ST  
KEY WEST FL 33040

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 ABELLA, JENANETTE  
STREET ADDRESS MINORCA DR 30818  
CITY-ST-ZIP BIG PINE KEY FL 33043

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

TITLE ☐ DELETE  
NAME HOOT, DAVID  
STREET ADDRESS 615 WILLIAM STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE  
NAME HACKER, MARC  
STREET ADDRESS 1400 VON PHISTER STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE  
NAME HAWTHORNE, DR. BILL  
STREET ADDRESS 1400 VON PHISTER STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ DELETE  
NAME TAYLOR, ANN  
STREET ADDRESS 5601 COLLEGE ROAD  
CITY-ST-ZIP KEY WEST FL 33040-N

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME DON, MARY ANNE  
1.3 STREET ADDRESS 234 84TH STREET  
1.4 CITY-ST-ZIP MARATHON FL 33050

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME RUSSELL, ED  
2.3 STREET ADDRESS 34-E 12TH AVE  
2.4 CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME RUSSELL, FRANK  
3.3 STREET ADDRESS 34-E 12TH AVE  
3.4 CITY-ST-ZIP KEY WEST FL 33040

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)