

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000024 (8)

1. Corporation Name

DEAF AND HARD OF HEARING INC. OF CHARLOTTE COUNTY
Y



Principal Place of Business: **6399 CONISTON ST. PORT CHARLOTTE FL 33981**
Mailing Address: **6399 CONISTON ST. PORT CHARLOTTE FL 33981**

3. Date Incorporated or Qualified: **01/03/1995**
3a. Date of Last Report: **N/A**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		65-0522632	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCHMIDT, PAMELA J
6399 CONISTON ST.
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent

81 Name: **N/A**
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: *Pamela J Schmidt*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **16 Jan 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, PAMELA J	1.2 NAME	
STREET ADDRESS	6399 CONISTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, VELMA M	2.2 NAME	
STREET ADDRESS	4045 COUNTRY MEADOWS BLVD., UNIT 8A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, EUNICE	3.2 NAME	
STREET ADDRESS	12 TWIG CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUT, KIM	4.2 NAME	
STREET ADDRESS	729 HALLEYBURY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, ROSE	5.2 NAME	
STREET ADDRESS	1186 RIZZO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Pamela J Schmidt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **16 Jan 96** (941) 697-7446
Daytime Phone #

CR2E037 (12/95)