

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 COUNT
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

15-0522632

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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)

16 Jan 96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHMIDT, PAMELA J
STREET ADDRESS 6399 CONISTON ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

☐ DELETE

TITLE DP
NAME WRIGHT, VELMA M
STREET ADDRESS 4045 COUNTRY MEADOWS BLVD., UNIT 8A
CITY-ST-ZIP PORT CHARLOTTE FL 33980

☐ DELETE

TITLE DV
NAME WARD, EUNICE
STREET ADDRESS 12 TWIG CT.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE DS
NAME GAUT, KIM
STREET ADDRESS 729 HALLEYBURY ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ DELETE

TITLE DT
NAME HERMANN, ROSE
STREET ADDRESS 1186 RIZZO ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ 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 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

16 Jan 96 (941) 697-7446
Date Daytime Phone #

CR2E037 (12/95)