


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000000024 (8)</b> 1. Corporation Name <b>DEAF AND HARD OF HEARING INC. OF CHARLOTTE COUNT Y</b>			
Principal Place of Business <b>6399 CONISTON ST. PORT CHARLOTTE FL 33981</b>		Mailing Address <b>6399 CONISTON ST. PORT CHARLOTTE FL 33981-5508</b>	
2. Principal Place of Business 21 <b>4045 Country MEADOWS BLVD</b> Suite, Apt. #, etc. 22 <b>Unit 8A</b> City & State 23 <b>PORT CHARLOTTE, FL</b> Zip 24 <b>33980</b>		2a. Mailing Address 26 <b>P.O. Box 9104</b> Suite, Apt. #, etc. 27 City & State 28 <b>PORT CHARLOTTE, FL</b> Zip 29 <b>33949-9104</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>SCHMIDT, PAMELA J 6399 CONISTON ST. PORT CHARLOTTE FL 33981</b>		10. Name and Address of New Registered Agent 81 Name <b>KIM M. GAUT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>729 HALLEYBURY ST.</b> 83 84 City <b>PORT CHARLOTTE</b> FL 85 Zip Code <b>33948</b>	
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 <i>Kim M. Gaut</i> DATE <b>4-25-97</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHMIDT, PAMELA J 6399 CONISTON ST. PORT CHARLOTTE FL 33981</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WRIGHT, VELMA M 4045 COUNTRY MEADOWS BLVD., UNIT 8A PORT CHARLOTTE FL 33980</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WARD, EUNICE 12 TWIG CT. PORT CHARLOTTE FL 33952</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>DV CARTER, RON 215 PECAN LANE NOKOMIS, FL 33475</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS GAUT, KIM 729 HALLEYBURY ST. PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HERMANN, ROSE 1186 RIZZO ST. PORT CHARLOTTE FL 33952</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DT ENSMAN, NORENE 4098 YUCATAN CIRCLE PORT CHARLOTTE, FL 33948</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Kim M. Gaut</i> DATE <b>4-25-97</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E037 (9/96)