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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33981-5508

3. Date Incorporated or Qualified: 01/03/1995  
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business: 21 4045 Country Meadows Blvd, Suite, Apt. #, etc. 22 Unit 8A  
23 City & State: PORT CHARLOTTE, FL  
24 Zip: 33980 25 Country: USA  
26 Mailing Address: 26 P.O. Box 9104, Suite, Apt. #, etc. 27  
28 City & State: PORT CHARLOTTE, FL  
29 Zip: 33949-9104 30 Country: USA

4. FEI Number: 65-0522632 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  
SCHMIDT, PAMELA J  
6399 CONISTON ST.  
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent  
81 Name: KIM M. GAUT  
82 Street Address (P.O. Box Number is Not Acceptable): 729 HALLEYBURY ST.  
83  
84 City: PORT CHARLOTTE FL 85 Zip Code: 33948

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: *Kim M. Gaut* DATE: 4-25-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: SCHMIDT, PAMELA J	
STREET ADDRESS: 6399 CONISTON ST.	
CITY-ST-ZIP: PORT CHARLOTTE FL 33981	
TITLE: DP	<input type="checkbox"/> DELETE
NAME: WRIGHT, VELMA M	
STREET ADDRESS: 4045 COUNTRY MEADOWS BLVD., UNIT 8A	
CITY-ST-ZIP: PORT CHARLOTTE FL 33980	
TITLE: DV	<input checked="" type="checkbox"/> DELETE
NAME: WARD, EUNICE	
STREET ADDRESS: 12 TWIG CT.	
CITY-ST-ZIP: PORT CHARLOTTE FL 33952	
TITLE: DS	<input type="checkbox"/> DELETE
NAME: GAUT, KIM	
STREET ADDRESS: 729 HALLEYBURY ST.	
CITY-ST-ZIP: PORT CHARLOTTE FL 33948	
TITLE: DT	<input checked="" type="checkbox"/> DELETE
NAME: HERMANN, ROSE	
STREET ADDRESS: 1186 RIZZO ST.	
CITY-ST-ZIP: PORT CHARLOTTE FL 33952	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	DV CARTER, RON
3.3 STREET ADDRESS:	215 PECAN LANE
3.4 CITY-ST-ZIP:	NOKOMIS, FL 34275
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	DT ENSMAN, NORENE
5.3 STREET ADDRESS:	4098 YUCATAN CIRCLE
5.4 CITY-ST-ZIP:	PORT CHARLOTTE, FL 33948
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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: *Kim M. Gaut* DATE: 4-25-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)