

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

4045 COUNTRY MEADOWS BLVD
UNIT 8A
PORT CHARLOTTE FL 33980
US

P O BOX 9104
PORT CHARLOTTE FL 33949-9104
US

3. Date Incorporated or Qualified

01/03/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUT, KIM M
729 HALEYBURY ST
PORT CHARLOTTE FL 33948

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE DV ☒ Change ☐ Addition
1.2 NAME WANDA BAILEY
1.3 STREET ADDRESS 1015 LUCIA DR.
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33950-6690

TITLE DV ☒ DELETE
NAME CARTER, RON
STREET ADDRESS 215 PECAN LANE
CITY-ST-ZIP NOKOMIS FL

2.1 TITLE DV ☒ Change ☒ Addition
2.2 NAME MARTHA MARKIN
2.3 STREET ADDRESS 2712 GRAFTON ST.
2.4 CITY-ST-ZIP SARASOTA, FL 34231

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

3.1 TITLE DV ☒ Change ☒ Addition
3.2 NAME JOHN HERMANN
3.3 STREET ADDRESS 1186 RIZZO
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE DT ☐ DELETE
NAME ENSMAN, NORENE
STREET ADDRESS 4098 YUCATAN CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE: *Kim M. Gaut* KIM M. GAUT 3-24-98 941-255-0327