


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

Mailing Address: **P O BOX 9104 PORT CHARLOTTE FL 33949-9104 US**

3. Date Incorporated or Qualified: **01/03/1995**

4. FEI Number: **65-0522632**

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**GAUT, KIM M**  
**729 HALEYBURY ST**  
**PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent (B1-B5)  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 B5 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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	CARTER, RON	
STREET ADDRESS	215 PECAN LANE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GAUT, KIM	
STREET ADDRESS	729 HALEYBURY ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ENSMAN, NORENE	
STREET ADDRESS	4098 YUCATAN CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WANDA BAILEY	
1.3 STREET ADDRESS	1015 LUCIA DR.	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950-6690	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTHA MARKIN	
2.3 STREET ADDRESS	2712 GRAFTON ST.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN HERMANN	
3.3 STREET ADDRESS	1186 RIZZO	
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	70000256358	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/18/98--01008--020	
6.3 STREET ADDRESS	***61.25	
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

CSP037 (10/97)