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 # N95000002100 (4)

1. Corporation Name

GREATER DAYTONA BEACH CLUB OF THE DEAF, INC.

400001798414
-04/29/96--01039--033
***61.25

Principal Place of Business	Mailing Address
116 S PALMETTO AVE DAYTONA BEACH FL 32114-4320	116 S PALMETTO AVE DAYTONA BEACH FL 32114-4320

3. Date Incorporated or Qualified: 05/03/1995
3a. Date of Last Report: NEW

2. Principal Place of Business	2a. Mailing Address
21 118 S. PALMETTO AVE	26 103 BARRIER ISLE DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAYTONA BEACH, FL	28 City & State: ORMOND BEACH, FL
24 Zip: 32114-4320 25 Country: VOLUSIA	29 Zip: 32176-2246 30 Country: VOLUSIA

4. FEI Number: 59-2371114 — [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

BARBER, CHARLES
116 S PALMETTO AVE
DAYTONA BEACH FL 32114-4320

10. Name and Address of New Registered Agent

81 Name: KENDALL S. MOORE
82 Street Address (P.O. Box Number is Not Acceptable): 103 BARRIER ISLE DR.
83
84 City: ORMOND BEACH, FL 85 Zip Code: 32176

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: Kendall S. Moore (Signature, typed or printed name of registered agent and title if applicable) GDBCD Secretary (NOTE: Registered Agent signature required when reinstating) DATE: April 15, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALLAN WILSON 480 LESLIE DR PORT ORANGE, FL 32127	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Carl SCHNECK 3572 CARMEL Rd. ST. AUGUSTINE, FL 32086	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT NONE	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT JACKIE RAWLINS 442 BLUSTERT DR PORT ORANGE, FL 32119	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY AMY BARBER 1112 LIVE OAK ST NEW SMYRNA, FL 32168	[X] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY KENDALL S MOORE 103 BARRIER ISLE DR. ORMOND BEACH, FL 32176	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER GLORIA L. RARUS 18 DOVER FALLS Rd ORMOND BEACH, FL 32174-8282	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER GLORIA L. RARUS 18 DOVER FALLS Rd ORMOND BEACH, FL 32174-8282	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Charles Barber 1112 Live Oak St. New Smyrna Beach FL. 32168	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Trustee DENNIS J. WALSH 24 MISTY FOLLS DR. Ormond Beach, FL 32174-9173	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE GLADYS C. MOORE 103 BARRIER ISLE DR. ORMOND BEACH, FL 32176	~~[ ] DELETE~~	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Trustee Charles Barber 1112 Live Oak St New Smyrna Beach FL. 32168	[ ] Change [ ] Addition 4.27.96 JP

CR2E037 (12/95)

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.

400001798415
-04/29/96--01039--034
***8.75

SIGNATURE: Kendall S. Moore - KENDALL S. MOORE — Date: April 29, 1996 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAX 904-441-8069