


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90079 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002100**

1. Corporation Name

**GREATER DAYTONA BEACH CLUB OF THE DEAF, INC.**

Principal Place of Business

118 S PALMETTO AVE  
 DAYTONA BEACH FL 32114-4320

Mailing Address

103 BARRIER ISLE DR.  
 ORMOND BCH FL 32176-2246



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/03/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2371114	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MOORE, KENDALL S 103 BARRIER ISLE DR. ORMOND BEACH FL 32176			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 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

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	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPUS, GLORIA L	1.2 NAME	
STREET ADDRESS	18 DOVER FALLS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, CHUCK	2.2 NAME	
STREET ADDRESS	1112 LIVE OAK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA FL 32168	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINS, OSCAR	3.2 NAME	Roy DeMotte
STREET ADDRESS	442 BLUSTER DR	3.3 STREET ADDRESS	25 Azalea Dr., Daytona Beach, FL
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, SHANNON	4.2 NAME	Walter Tucholski
STREET ADDRESS	5146 ISABELLA AVE	4.3 STREET ADDRESS	24 Sunny Beach Dr.
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHOLSKI, WALTER	5.2 NAME	Glenda DeMotte
STREET ADDRESS	24 SUNNY BEACH DR	5.3 STREET ADDRESS	25 Azalea Dr.
CITY-ST-ZIP	ORMOND BEACH FL 32176	5.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTTE, GLENDA	6.2 NAME	Amy Barber
STREET ADDRESS	125 AZALEA DR	6.3 STREET ADDRESS	1112 Live Oak St.
CITY-ST-ZIP	DAYTONA BEACH FL 32117	6.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168

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, with all other like empowered.

SIGNATURE:

*Kendall S. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 16, 1999

Date

FAX

904-441-8069

Daytime Phone #

CR2E037 (1/98)