


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90053 032 ****70.00

DOCUMENT # N95000002100					
1. Entity Name GREATER DAYTONA BEACH ASSOCIATION OF THE DEAF, INC.					
Principal Place of Business 118 S PALMETTO AVE DAYTONA BEACH, FL 32114-4320			Mailing Address 1112 LIVE OAK ST. NEW SMYRNA BEACH, FL 32168-7419		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2371114	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, AMY L (SECRETARY) 1112 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168			Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMONTTE, ROY PO BOX 11202 DAYTONA BEACH, FL 321201202 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBER, CHUCK 1112 LIVE OAK ST NEW SMYRNA, FL 32168 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RARUS, GLORIA 133 NORTH BROOK LN. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TUCHOLSKI, WALTER 24 SUNNY BEACH DR. ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, KEITH 4641 S. ATLANTIC AVE, #605 DAYTONA BEACH, FL 32127 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, KEITH 4641 S. ATLANTIC AVE., #605 DAYTONA BEACH, FL 32127 <input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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THOMAS, JOSEPHINE 836 DERBYSHORE ROAD DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Amy L Barber, Secretary</u> 4/3/04 386-426-5460TTT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54029119



04012004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP

P
DEMONTTE, ROY
PO BOX 11202
DAYTONA BEACH, FL 321201202 ☐ Delete

TITLE
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STREET ADDRESS
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V
BARBER, CHUCK
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SIGNATURE:

Amy L Barber, Secretary

4/3/04

386-426-5460TTT

Date

Daytime Phone #