



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90122 037 ****61.25

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		00051413 	
City & State		City & State		4. FEI Number 59-2371114	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, AMY L 1112 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent 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.				Signature: <u><i>Amy L. Barber</i></u> AMY L. BARBER 5/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMONTTE, ROY PO BOX 11202 DAYTONA BEACH, FL 321201202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABSHIRE, DAVID 1400 S. NOVA RD. APT #108 DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBER, CHUCK 1112 LIVE OAK ST NEW SMYRNA, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, JOSEPHINE 836 DERBYSHIRE DR. DAYTONA BEACH, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RARUS, GLORIA 133 NORTH BROOK LN. ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMONTTE, ROY 5493 WARD LAKE DR. PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TUCHOLSKI, WALTER 24 SUNNY BEACH DR. ORMOND BEACH, FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, KEITH 4641 S. ATLANTIC AVE. #605 DAYTONA BEACH, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JOSEPHINE 836 DERBYSHORE ROAD DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RARUS, GLORIA 133 NORTHBROOK LANE ORMOND BEACH, FL 32174-3949	<input checked="" type="checkbox"/> Change <input 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)(i), 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><i>Amy L. Barber</i></u> AMY L. BARBER 5/7/05 386-426-5460 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					