

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90076 043 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2371114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBER, AMY L
1112 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ABSHIRE, DAVID**
CITY-ST-ZIP **1400 S. NOVA RD. APT. 108
DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **THOMAS, JOSEPHINE**
CITY-ST-ZIP **836 DERBYSHIRE DRIVE
DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DEMOTE, ROY**
CITY-ST-ZIP **5493 WARD LAKE DRIVE
PORT ORANGE FL 32127**

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **TUCHOLSKI, WALTER**
CITY-ST-ZIP **24 SUNNY BEACH DR.
ORMOND BEACH FL 32176**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **YOUNG, KEITH**
CITY-ST-ZIP **4641 S. ATLANTIC AVE, #605
DAYTONA BEACH FL 32127**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **RARUS, GLORIA**
CITY-ST-ZIP **133 NORTHBROOK LANE
ORMOND BEACH FL 32174**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **YOUNG, KEITH**
CITY-ST-ZIP **4641 S. ATLANTIC AVE. #605
DAYTONA BEACH, FL 32127**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **RARUS, GLORIA**
CITY-ST-ZIP **133 NORTHBROOK LANE
ORMOND BEACH, FL 32174**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **DORSEY, HENRY**
CITY-ST-ZIP **167-B CARDINAL DRIVE
ORMOND BEACH, FL 32176**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Amy L Barber

AMY L. BARBER

1/18/06 deafhands@cf.rr.com