


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 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 1112 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168			Name KENDALL S. MOORE Street Address (P.O. Box Number is Not Acceptable) 103 BARRIER ISLE DR. City ORMOND BEACH, FL Zip Code 32176		
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>Kendall S. Moore</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			FEB. 21, 2006 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME ABSHIRE, DAVID STREET ADDRESS 1400 S. NOVA RD. APT. 108 CITY-ST-ZIP DAYTONA BEACH, FL 32114	TITLE P NAME HENRY LEE DORSEY STREET ADDRESS 167-B CARDINAL DRIVE CITY-ST-ZIP ORMOND BEACH, FLA. 32176-7124				
TITLE V NAME THOMAS, JOSEPHINE STREET ADDRESS 836 DERBYSHIRE DRIVE CITY-ST-ZIP DAYTONA BEACH, FL 32117	TITLE 700068113877 STREET ADDRESS 03/20/06--01030--025 **\$61.25				
TITLE T NAME DEMOTE, ROY STREET ADDRESS 5493 WARD LAKE DRIVE CITY-ST-ZIP PORT ORANGE, FL 32127	TITLE 7 NAME GLENDA FAY DeMotte STREET ADDRESS 5493 Ward Lake Drive CITY-ST-ZIP PORT ORANGE, FL 32128-7475				
TITLE ST NAME YOUNG, KEITH STREET ADDRESS 4641 S ATLANTIC AVE # 605 CITY-ST-ZIP DAYTONA BEACH, FL 32127					
TITLE T NAME RARUS, GLORIA STREET ADDRESS 133 NORTHBROOK LN CITY-ST-ZIP ORMOND BEACH, FL 32174					
TITLE T NAME DORSEY, HENRY STREET ADDRESS 167-B CARDINAL DR CITY-ST-ZIP ORMOND BEACH, FL 32176					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Henry L. Dorsey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-22-06 <small>Date</small>		
			Relay 711 386-677-8174 <small>Daytime Phone #</small>		

06 FEB 27 AM 8:24

S.E. TALLAH. LATE FLORIDA



02202006 Chg-NP CR2E037 (11/05)

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

Name KENDALL S. MOORE

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

103 BARRIER ISLE DR.

City ORMOND BEACH, FL Zip Code 32176

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 Kendall S. Moore

FEB. 21, 2006

(NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P

NAME ABSHIRE, DAVID

STREET ADDRESS 1400 S. NOVA RD. APT. 108

CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE V

NAME THOMAS, JOSEPHINE

STREET ADDRESS 836 DERBYSHIRE DRIVE

CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE T

NAME DEMOTE, ROY

STREET ADDRESS 5493 WARD LAKE DRIVE

CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ST

NAME YOUNG, KEITH

STREET ADDRESS 4641 S ATLANTIC AVE # 605

CITY-ST-ZIP DAYTONA BEACH, FL 32127

TITLE T

NAME RARUS, GLORIA

STREET ADDRESS 133 NORTHBROOK LN

CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T

NAME DORSEY, HENRY

STREET ADDRESS 167-B CARDINAL DR

CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE 7

NAME GLENDA FAY DeMotte

STREET ADDRESS 5493 Ward Lake Drive

CITY-ST-ZIP PORT ORANGE, FL 32128-7475

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Henry L. Dorsey

2-22-06

Relay 711

386-677-8174