2007

[redacted] NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000002100

1. Entity Name
GREATER DAYTONA BEACH ASSOCIATION OF THE DEAF, INC.

FILED
07 JUL 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1219 DUNN AVE. DAYTONA BEACH, FL 32120	103 BARRIER ISLE DR. ORMOND BEACH, FL 32176

03142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. 6032 HICKORY GROVE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PORT ORANGE, FL.
Zip / Country	Zip: 32128 / Country: USA

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
MOORE, KENDALL S 103 BARRIER ISLE DR. ORMOND BEACH, FL 32176	Name: NYE, GLORIA 6032 HICKORY GROVE LANE City: PORT ORANGE **FL** 32128

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: Gloria Nye 7/11/07
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DORSEY, HENRY L 167-B CARDINAL DRIVE ORMOND BEACH, FL 321767124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100106401044 1 07/19/07--01058--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMAS, JOSEPHINE 836 DERBYSHIRE DRIVE DAYTONA BEACH, FL 32117	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DE MOTTE, GLENDA FAY 5493 WARD LAKE DRIVE PORT ORANGE, FL 32127 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEMOTE, ROY 5493 WARD LAKE DRIVE PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST YOUNG, KEITH 4641 S ATLANTIC AVE # 605 DAYTONA BEACH, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/B RARUS, GLORIA 133 NORTHBROOK LANE ORMOND BEACH, FL. 32174 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RARUS, GLORIA 133 NORTHBROOK LN ORMOND BEACH, FL 32174	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/B YOUNG, KEITH 4641 S. ATLANTIC AVE. #605 PONCE INLET, FL. 321127 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DE MOTTE, GLENDA FAY 5493 WARD LAKE DRIVE PORT ORANGE, FL 321287475	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/B MOORE, KENDALL S 103 BARRIER ISLE DRIVE ORMOND BEACH, FL. 32176 ☑ Change ☐ Addition B3/18/07

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 7-11-07 386-[redacted]-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #