2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

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DOCUMENT # N95000002100 1. Entity Name GREATER DAYTONA BEACH ASSOCIATION OF THE DEAF, INC.				. I		0029 037 ****61	
Principal Plac 1219 DUNN DAYTONA BE		Mailing Address 6032 HICKORY GROVE LA PORT ORANGE, FL 3212		A 18 18 18 18 18 18 18 18 18 18 18 18 18	. *		,
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
1210	1 DUNN AVE.	1032 HICKO	prey Citable	= LA).		nalli dalta ilabi itali abili ab	31101 61 (601
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102008	Chg-NP	CR2E037 (12/06)	
	ENA BRACK, FL	16 TORAN		4. FEI Number 59-23711	14	<u> </u>	oplied For ot Applicable
3212	O VOLUSIA	32128 1	VOLUSIA	5. Certificate of	Status Desired	S8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Ad	dress of New Re	gistered Agent	
NYE, GLORIA			Name G	ALOPIA N	YE_	<u> </u>	
	ORY GROVE LANE ANGE, FL 32128		Street Ad	352 HICKON	S Not Acceptable	E LN.	
						1 3 - O-4	
The shows named only a should this storage of sharping its resistant of the same interest.						FL 32	<u> 28</u>
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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Shake: NUC Sectey Sphature, typed or printed name of registered agent-and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE.	Sphature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signatur	e required when reinstating)		74/08.	
SIGNATURE	Sphature, typed or printed name of registered agents Filling Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be		DATE DATE	•
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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:

NATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

18/18 Videophane 386-767-995