


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2008 90029 037 ****61.25

DOCUMENT # N95000002100 1. Entity Name GREATER DAYTONA BEACH ASSOCIATION OF THE DEAF, INC.			
Principal Place of Business 1219 DUNN AVE. DAYTONA BEACH, FL 32120		Mailing Address 6032 HICKORY GROVE LANE PORT ORANGE, FL 32128	
2. Principal Place of Business - No P.O. Box # 1219 DUNN AVE.		3. Mailing Address 6032 HICKORY GROVE LANE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAYTONA BEACH, FL		City & State PORT ORANGE, FL	
Zip 32120		Zip 32128	
Country FLORIDA		Country FLORIDA	
4. FEI Number 59-2371114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NYE, GLORIA 6032 HICKORY GROVE LANE PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name GLORIA NYE Street Address (P.O. Box Number is Not Acceptable) 6032 HICKORY GROVE LN. 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 <i>Gloria Nye (Secretary)</i>		DATE 4/19/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 DORSEY, HENRY L 167-B CARDINAL DRIVE ORMOND BEACH, FL 321767124	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DE MOTTE, GLENDA FAY 5493 WARD LAKE DRIVE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEMOTTE, ROY 5493 WARD LAKE DRIVE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TB RARUS, GLORIA 133 NORTHBROOK LANE LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TB YOUNG, KEITH 4641 S. ATLANTIC AVE. #605 PONCE INLET, FL 321127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TB MOORE, KENDALL 103 BARRIER ISLE DRIVE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
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: <i>[Signature]</i>		DATE 4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Videophone 386-767-9957	