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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004328 (8)

1. Corporation Name

INTERNATIONAL DEAF EDUCATION ASSOCIATION, INC.

Principal Place of Business

**519 BAYVIEW PLACE
ANNA MARIA FL 34216**

Mailing Address

**519 BAYVIEW PLACE
ANNA MARIA FL 34216**



3. Date Incorporated or Qualified **08/19/1996** 3a. Date of Last Report

2. Principal Place of Business

21 4909 Gulf Drive.

Suite, Apt. #, etc.

22 # 2 B

City & State

23 Holmes Beach, FL

Zip

24 34217

Country

25 USA

2a. Mailing Address

26 4909 Gulf Dr #2B

Suite, Apt. #, etc.

27 Holmes Beach Fl

City & State

28 34217

Zip

29

Country

30 USA

4. FEI Number

65-0689972

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CARLTON, DONNA J
519 BAYVIEW PLACE
ANNA MARIA FL 34216**

10. Name and Address of New Registered Agent

81 Name

Carlton, Donna J.

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

4909 Gulf Drive, Apt. 7A

83

84 City

Holmes Beach

FL

85 Zip Code

34217

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Donna J. Carlton**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**TD
NAME CARLTON, DONNA J.
STREET ADDRESS PO BOX 88 N/A
CITY-ST-ZIP ANNA MARIA FL 34216**

TITLE ☐ DELETE

**D
NAME HARRIS, BRIAN C J.
STREET ADDRESS PO BOX 88 N/A
CITY-ST-ZIP ANNA MARIA FL 34216**

TITLE ☐ DELETE

**SD
NAME HARRIS, DONNA V
STREET ADDRESS PO BOX 2141 N/A
CITY-ST-ZIP HOLMES BEACH FL 34218**

TITLE ☐ DELETE

**PD
NAME HASKINS, CHARLES R
STREET ADDRESS PO BOX 1206 N/A
CITY-ST-ZIP HOLMES BEACH FL 34218**

TITLE ☐ DELETE

**D
NAME NORTHAM, BRIAN D
STREET ADDRESS PO BOX 2141 N/A
CITY-ST-ZIP HOLMES BEACH FL 34219**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**TD
1.2 NAME Carlton, Donna J.
1.3 STREET ADDRESS 4909 Gulf Drive # 7A
1.4 CITY-ST-ZIP Holmes Beach, FL 34217**

2.1 TITLE ☒ Change ☐ Addition

**D
2.2 NAME Harris, Brian J.
2.3 STREET ADDRESS 4909 Gulf Drive # 7A
2.4 CITY-ST-ZIP Holmes Beach, FL 34217**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)