2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N96000006003

Entity Name: DEAF SERVICE BUREAU OF WEST CENTRAL FLORIDA, INCORPORATED

Current Principal Place of Business:

10028 STATE ROAD 52
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

10028 STATE ROAD 52
HUDSON, FL 34669 US

New Mailing Address:

FEI Number: 59-3416099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERZMAN, WENDI A
11310 PINE FOREST DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HERZMAN, GEORGE M	
Address:	11310 PINE FOREST DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	VPD	( ) Delete
Name:	MAZZUCO, LORETTA	
Address:	9530 SUNBEAM DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	BMD	( ) Delete
Name:	LIVINGSTON, SANDRA	
Address:	13004 DANIA STREET	
City-St-Zip:	HUDSON, FL 34667	
Title:	SD	( ) Delete
Name:	ALEXANDER, LEE III	
Address:	100 N TAMPA SUITE 4100	
City-St-Zip:	TAMPA, FL 33602	
Title:	TD	( ) Delete
Name:	RESTON, THOMAS	
Address:	10308 DE KOSTER AVE	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	PYLES 550, DELORES	
Address:	6531 WISTFUL VISTA DR	
City-St-Zip:	PORT RICHEY, FL 34668	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BMD	(X) Change ( ) Addition
Name:	LABELLE, RICHARD	
Address:	3446 LAKE DRIVE	
City-St-Zip:	DUNEDIN, FL 33601	
Title:	SD	(X) Change ( ) Addition
Name:	PAGE, GARY	
Address:	10028 STATE ROAD 52	
City-St-Zip:	HUDSON, FL 34669	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE HERZMAN PD 01/05/2004

Electronic Signature of Signing Officer or Director — Date