2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# N96000006003

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

Current Principal Place of Business:

11441 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

11441 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34654 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
11441 OSCEOLA 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:	MAZZUCO, LORETTA	
Address:	9750 SUNBEAM DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	
Title:	VPD	( ) Delete
Name:	PAGE, GARY	
Address:	PO BOX 7673	
City-St-Zip:	WESLEY CHAPEL, FL 33544 US	
Title:	BMD	( ) Delete
Name:	SANDY, LIVINGSTON	
Address:	13004 DANIA STREET	
City-St-Zip:	HUDSON, FL 34667 US	
Title:	SD	( ) Delete
Name:	NANCY, BAUMHIVER	
Address:	13813 PALM STREET	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	TD	( ) Delete
Name:	RESTON, THOMAS	
Address:	10038 DEKOSTER DRIVE	
City-St-Zip:	HUDSON, FL 34667 US	
Title:	CD	( ) Delete
Name:	HERZMAN, GEORGE	
Address:	11310 PINE FOREST DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	

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:	JIM, WINARSKI	
Address:	13301 BRUCE B DOWNS BLVD	
City-St-Zip:	TAMPA, FL 33612 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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 CD 02/27/2006

Electronic Signature of Signing Officer or Director — Date