

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006003

FILED  
Jan 09, 2008  
Secretary of State

**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: WINARSKI, JAMES  
Address: 13301 BRUCE B DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33612 US

Title: BMD ( ) Delete  
Name: EUGENE, BIEL  
Address: 12312 US HIGHWAY 19  
City-St-Zip: BAYONET POINT, FL 34667 US

Title: SD ( ) Delete  
Name: NELSON, DOLAN  
Address: 11441 OSCEOLA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TD ( ) Delete  
Name: TAMMY, ROSTEL  
Address: 9750 SUNBEAM DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: LORETTA R MAZZUCO

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date