2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006003

FILED Feb 16, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

11441 OSCEOLA DRIVE

NEW PORT RICHEY, FL 34654 US

Current Mailing Address: New Mailing Address:

11441 OSCEOLA DRIVE

NEW PORT RICHEY, FL 34654 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERZMAN, WENDI A 11441 OSCEOLA DRIVE

NEW PORT RICHEY, FL 34654 US

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: CD

Name: MAZZUCO, LORETTA Address: 9750 SUNBEAM DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VPD

 Name:
 ROGER, MICHELS

 Address:
 5228 TROUBLE CREEK RD

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US

Title: PD

 Name:
 EUGENE, BIEL

 Address:
 12312 US HIGHWAY 19

 City-St-Zip:
 BAYONET POINT, FL 34667 US

Title: S/TD

Name: HERZMAN, GEORGE
Address: 11310 PINE FOREST DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: BD

Name: ROBERT, FINN

Address: 40114 US HIGHWAY 19 N City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: CEC

Name: HERZMAN, WENDI A
Address: 11310 PINE FOREST DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby 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 all other like empowered.

SIGNATURE: WENDI A HERZMAN CEO 02/16/2010