

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90178 009 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000004208	
1. Entity Name ORLANDO CLUB OF THE DEAF, INC.	

Principal Place of Business P.O. BOX 541516 ORLANDO, FL 32862-0922	Mailing Address P.O. BOX 541516 ORLANDO, FL 32862-0922
--	--

2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202005 Chg-NP CR2E037 (10/03)

4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. FEI Number 59-6138453	Applicable For Not Applicable
6. Name and Address of Current Registered Agent SCHOOLEY, JAMES C 576 FLORAL DRIVE KISSIMMEE, FL 34743	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box acceptable): _____ City: _____ FL Zip Code: 32	

8. 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. I am familiar with, and accept the obligations of registered agent.

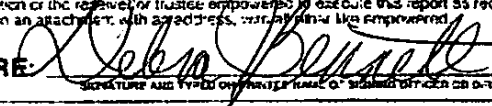
SIGNATURE _____
Signature, print or stamp name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reporting) DATE

 Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	 Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME	DATE	☐ Delete		TITLE	NAME	DATE	☐ Change ☐ Addition
PD BENNETT, DEBRA L	860 MAURY RD #76		ORLANDO, FL 32804				
VD KNOWLES, ROBERT TERRY	4511 BRANDEIS AVE.	☒ Delete	ORLANDO, FL 32809				
TD SCHOOLEY, CECILIA S	576 FLORAL DRIVE	☐ Delete	KISSIMMEE, FL 34743				
		☐ Delete					
		☐ Delete					
		☐ Delete					
		☐ Delete					

MEG ROOD-SUMNER
860 MAURY RD #76
ORLANDO, FL 32804

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.27(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an attachment, with an address, without being like empowered.

SIGNATURE  **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR