

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004208

FILED
Mar 18, 2007
Secretary of State

Entity Name: ORLANDO CLUB OF THE DEAF, INC.

Current Principal Place of Business:

P.O. BOX 541516
ORLANDO, FL 328620922

New Principal Place of Business:

610 NORTH LAKE FORMOSA DRIVE
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 541516
ORLANDO, FL 328620922

New Mailing Address:

FEI Number: 59-6138453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATA, TIM D
7651 ELDORADO PL
ORLANDO, FL 32818 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: BENNETT, DEBRA F
Address: 850 MAURY RD #76
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: GOOD, JEFF
Address: 114 WINTER GLEN DR.
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: KNOWLES, MARTHA
Address: 4511 BRANDELS DR.
City-St-Zip: ORLANDO, FL 32839

Title: PARL () Delete
Name: WATA, TIM D
Address: 7651 EL DORADO PL.
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENNETT, DEBRA F
Address: 5462 LEON CIR
City-St-Zip: ORLANDO, FL 32810

Title: VP (X) Change () Addition
Name: FOSKETT, DIANA
Address: 1640 E. HARWOOD ST.
City-St-Zip: ORLANDO, FL 32803

Title: TD (X) Change () Addition
Name: KNOWLES, MARTHA
Address: 4511 BRANDEIS DR.
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: RICHTER, HOLLY
Address: 287 SANDLEWOOD TRL
City-St-Zip: WINTER PARK, FL 32789

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: MARTHA KNOWLES

TD

03/18/2007

Electronic Signature of Signing Officer or Director

Date