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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006540

1. Corporation Name

TAMPA BAY DEAF SENIOR CITIZENS OF FLORIDA, INCORPORATED

Principal Place of Business
13609 N. 20TH STREET #1
TAMPA FL 33613

Mailing Address
13609 N. 20TH STREET #1
TAMPA FL 33613



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/18/1997 4. FEI Number APPLIED FOR 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

RANEY, JAMES L
13609 N. 20TH STREET
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JAMES L. RANEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James L. Raney 1/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RANEY, JAMES L	1.2 NAME	
STREET ADDRESS	13609 N. 20TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	HICKS, DON	2.2 NAME	FRANK DiVINCENTO
STREET ADDRESS	7415 KINGSTON DRIVE	2.3 STREET ADDRESS	7100 ULMERTON RD, #2041
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	TD	3.1 TITLE	
NAME	SPENCER, RONALD	3.2 NAME	
STREET ADDRESS	803 E. BROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	DIVINCENZO, JANET	4.2 NAME	CAROLITA EDWARDS
STREET ADDRESS	7100 ULMERTON RD, #2041	4.3 STREET ADDRESS	2790 RIVERWOOD DR.
CITY-ST-ZIP	LARGO FL 33771	4.4 CITY-ST-ZIP	MULBERRY, FL 33860
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES L. RANEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 813-910-9206
TDD

CR2E037 (11/98)