


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

**FILED**

**Feb 07, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000006540</b> 1. Entity Name <b>TAMPA BAY DEAF SENIOR CITIZENS OF FLORIDA, INCORPORATED</b>	
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Principal Place of Business <b>SEVILLE RECREATION CENTER 2640 SEVILLE BLVD CLEARWATER, FL 33785 US</b>	Mailing Address <b>803 E. BROAD ST. TAMPA, FL 33604-4205 US</b>
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3488961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPENCER, RONALD C 803 E. BROAD ST. TAMPA, FL 33604</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Ronald C. Spencer* *Ronald C. Spencer* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALES, JOANNE 6010 BARRY RD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, ALBERT SR. 2466 RIVERWOOD DR. MULBERRY, FL 338609500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCER, RONALD 803 E. BROAD STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIVINCENZO, JANET 7100 ULMERTON RD., #2041 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/08/05-80010-023 70.00

12. 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 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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald C. Spencer* *Ronald C. Spencer* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR