

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000000908**

Corporation Name  
**DEAF WINGS, INC.**

Principal Place of Business  
 7190 76TH ST. NORTH  
 PINELLAS PARK FL 33781

Mailing Address  
 7190 76TH ST. NORTH  
 PINELLAS PARK FL 33781

619592-90003-13 2 \*



1. Principal Place of Business 7190 76th ST. NORTH Suite, Apt. #, etc.		2a. Mailing Address 7190 76th ST. NORTH Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/16/1998	
City & State PINELLAS PARK		City & State PINELLAS PARK		4. FEI Number 59-2396122	
Zip 33781		Zip 33781		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

WAGNER, CHRISTOPHER  
 7190 76TH ST. NORTH  
 PINELLAS PARK FL 33781

**10. Name and Address of New Registered Agent**

81 Name ~~DEAF WINGS, INC.~~ Barbara Coulston  
 82 Street Address (P.O. Box Number is Not Acceptable)  
~~7190 76th ST. NORTH~~ 140 CITRUS AVE.  
 83 ~~DUNEDIN~~  
 84 City ~~PINELLAS PARK~~ FL 85 Zip Code 33781

I, 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 *Barbara Coulston*

8/27/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DP WAGNER, CHRISTOPHER 1252 HOLLY CIRCLE OLDSMAR FL 34677	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME COULSTON, BARBARA 1.3 STREET ADDRESS 140 CITRUS AVE 1.4 CITY-STATE-ZIP DUNEDIN, FL 34698
ME	DV HARRIS, SARAH 7924 47TH ST. N. PINELLAS PARK FL 33781	<input type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT 2.2 NAME HARRIS, SARAH 2.3 STREET ADDRESS 7924 47th St. N. 2.4 CITY-STATE-ZIP PINELLAS PARK, 33781
LE	DS BUCHER, MELISSA 2930 165TH AVE. N. CLEARWATER FL 33760	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY 3.2 NAME KIM M SMITH 3.3 STREET ADDRESS 2305 GLENWOOD DR 3.4 CITY-STATE-ZIP TAMPA, FL 33602
ME	DT RIHA, WILLIAM DOT 11201 W. MCKINLEY DR. TAMPA FL 33612	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TREASURER 4.2 NAME SHORTZ, SALLY 4.3 STREET ADDRESS 9209 SEMINOLE BLVD #77 4.4 CITY-STATE-ZIP SEMINOLE, FL 33772
LE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
ME		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

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: *Barbara Coulston* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99 (727) 736-4333

Date Daytime Phone #

CR2E037 (5/99)