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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000002052**

1. Corporation Name
DEAF EXPERIENCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2906 SQUIRE OAK COURT ST CLOUD FL 34769	2906 SQUIRE OAK COURT ST CLOUD FL 34769

2. Principal Place of Business
DEAF EXPERIENCE ASSOCIATION, INC.
1310 NORTH MAIN STREET SUITE 103
KISSIMMEE, FLORIDA 34744

2a. Mailing Address
DEAF EXPERIENCE ASSOCIATION, INC.
1310 NORTH MAIN STREET SUITE 103
KISSIMMEE, FLORIDA 34744

3. Date Incorporated or Qualifed
04/09/1998

FEI Number EIN 59-3504378 ☐ Applied For ☐ Not Applicable

Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RONALD C. SEALS
82 Street Address (P.O. Box Number is Not Acceptable) 13507 BUCKHORN RUN CT.
83
84 City ORLANDO FL 85 Zip Code 32837

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 Ronald C Seals 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VEGA, REINALDO J 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FILIPPO, PATRICIA J 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	FILIPPI, PATRICIA J 89 WINDSOR LANE MULBERRY, FL 33860	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARCE, JAMES O 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	1710 MABBETTE ST, BLDG 12, UNIT 204 KISSIMMEE, FL 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTH, ANGELA 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	1310 N. MAIN STREET, SUITE 101 KISSIMMEE, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, ROBERT 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D HIDALGO, LEO 13 E. DARLINGTON AVE. APT 1A KISSIMMEE, FL 34741	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLONDRES, HILDA 2906 SQUIRE OAK COURT ST CLOUD FL 34769	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	4241 PARKSIDE DR. ORLANDO, FL 32812	☑ Change ☐ Addition

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: SIGNATURE REQUIRED 4/28/99 (407) 518-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)