



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90097 006 ****70.00

DOCUMENT # N98000002052 1. Entity Name COMMUNICATION CENTER FOR THE DEAF AND HARD OF HEARING, INC.					
Principal Place of Business 3700 COMMERCE BLVD., #134 KISSIMMEE, FL 34741-4656			Mailing Address 3700 COMMERCE BLVD., #134 CHIEF 103 KISSIMMEE, FL 34741-4656		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3700 COMMERCE BLVD #134 Suite, Apt. #, etc.			
City & State City: KISSIMMEE State: FL		4. FEI Number 59-3504378		Applied For <input type="checkbox"/> Not Applicable	
Zip 34741		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, LYDIA 3545 PINERIDGE CIRCLE KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOOLEY, JAMES 579 FLORAL DR. KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEGA, REINALDO J 2806 OSPREY COVE PL #102 KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA, REINALDO J 2806 OSPREY COVE PL #102 KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEINBAUM, CHRISTINE 1161 NORMANDY DRIVE KISSIMMEE, FL 34759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, ANGELA 3700 COMMERCE BLVD., STE 108 KISSIMMEE, FL 347411656	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLINEDO, TARA 3700 COMMERCE BLVD., #108 KISSIMMEE, FL 347414656	<input type="checkbox"/> Delete			
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: <i>Reinaldo J Vega</i> 4/6/05 407 518 9050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					