

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005009

1. Entity Name
CENTRAL FLORIDA DEAF SERVICES, INC.



FILED
Mar 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
1415 COMMERCIAL PARK DRIVE
LAKELAND, FL 33801 US

Mailing Address
1415 COMMERCIAL PARK DRIVE
LAKELAND, FL 33801 US



03162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3533009

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, ROB
1722 MAHAFFEY CIRCLE
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re/renating)

DATE

3/16/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000094296
03/22/04-80053-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REESE, ROB
STREET ADDRESS	1722 MAHAFFEY CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	ZENI, JULIE MRS
STREET ADDRESS	4444 US HIGHWAY 98 N #787
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VD
NAME	MOORE, PAM MRS.
STREET ADDRESS	5035 FAIRFAX EAST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD
NAME	BEATTY, BECKY
STREET ADDRESS	3144 FORESTGREEN DR., NORTH
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	TD
NAME	SCHROCK, MARGARET
STREET ADDRESS	4747 SR-33N LOT 27
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rob Reese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04 863-609-0900