## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005009

Feb 13, 2007 Secretary of State

Entity Name: CENTRAL FLORIDA DEAF SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1021 LAKELAND HILLS BLVD.

SUITE 2

LAKELAND, FL 33805

**New Mailing Address: Current Mailing Address:** 

1021 LAKELAND HILLS BLVD. SUITE 2 LAKELAND, FL 33805 US

FEI Number: 59-3533009 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAURICELLA, DEBBIE L 1021 LAKELAND HILLS BLVD. SUITE 2 LAKELAND, FL 33805 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MOORE, MARY MOORE, MARY Name: Name:

3144 FORESTGREEN DRIVE NORTH Address: 3144 FORESTGREEN DRIVE NORTH Address:

City-St-Zip: LAKELAND, FL 33811 US City-St-Zip: LAKELAND, FL 33811 US

Title: ( ) Delete Title: (X) Change ( ) Addition Name: ZENI, JULIE MRS Name: FRISBY, TERRY

Address: 1738 FOX HILL DRIVE Address: 6611 CROMWELL ROAD City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810

Title: () Delete Title: (X) Change ( ) Addition

REESE, ROB GODING, MEGAN Name: Name: 3210 STONGEBRIDGE TRAIL 523 W. HANCOCK STREET Address: Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: LAKELAND, FL 33803 US

Title: SD ( ) Delete Title: (X) Change ( ) Addition Name: STOKEM, BEVERLY MRS. Name: DEITRICK, KELLIE MRS. 3873 LAUREL BRANCH COURT Address: 318 EASTWAY DRIVE Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33810

Title: (X) Delete Title: () Change () Addition

STAFFORD, JENNY Name: Name: 312 CANNON STREET Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE L. LAURICELLA D 02/13/2007