2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N98000005009

Entity Name: CENTRAL FLORIDA DEAF SERVICES, INC.

Current Principal Place of Business:

1811 RICHMOND ROAD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

1811 RICHMOND ROAD
LAKELAND, FL 33803 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LAURICELLA, DEBBIE L
1811 RICHMOND ROAD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GODING, MEGAN
Address: 523 W. HANCOCK STREET
City-St-Zip: LAKELAND, FL 33803 US

Title: V ( ) Delete
Name: FRISBY, TERRY
Address: 6611 CROMWELL ROAD
City-St-Zip: LAKELAND, FL 33810

Title: S ( ) Delete
Name: LOUISE, CAMACHO
Address: 1028 WAYNESVILLE AVENUE
City-St-Zip: LAKELAND, FL 33801 US

Title: T ( ) Delete
Name: MOORE, MARY
Address: 2144 FORESTGREEN DRIVE NORTH
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MEGAN GODING PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date