

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133323

FILED
May 01, 2008
Secretary of State

Entity Name: DEAF SERVICES OF NORTH FLORIDA INC

Current Principal Place of Business:

6034 CHESTER AVE
104
JACKSONVILLE, FL 32217

Current Mailing Address:

6034 CHESTER AVE
104
JACKSONVILLE, FL 32217

New Principal Place of Business:

6034 CHESTER AVENUE
SUITE 104
JACKSONVILLE, FL 32217

New Mailing Address:

6034 CHESTER AVENUE
SUITE 104
JACKSONVILLE, FL 32217

FEI Number: 26-1602327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLACE, GARY
6034 CHESTER AVE
105
JACKSONVILLE, FL 32217 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKE, WILLIAM
Address: 3972 ARBOR LAKE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: CLARKE, HANNAH
Address: 3972 ARBLR LAKE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: CLARKE, WILLIAM T MR.
Address: 3972 ARBOR LAKE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: CLARKE, HANNAH L MRS
Address: 3972 ARBLR LAKE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T CLARKE

MR

05/01/2008

Electronic Signature of Signing Officer or Director

Date