

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767397

Entity Name: DEAF AND HARD OF HEARING SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**8610 GALEN WILSON BLVD
BLDG B, STE. 100
PORT RICHEY, FL 34668**Current Mailing Address:**8610 GALEN WILSON BLVD
BLDG B, STE. 100
PORT RICHEY, FL 34668 US**FEI Number:** 59-2292221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, JEFFREY A
8610 GALEN WILSON BLVD
SUITE 100
PORT RICHEY, FL 34668 US*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**Officer/Director Detail :**

Title S
Name JACOBS, GLENN
Address 7334 CANDLELIGHT CT
City-State-Zip: NEW PORT RICHEY FL 34652

Title CHAIRMAN
Name SENDERLING, RICK
Address 10134 BOZEMAN DR.
City-State-Zip: NEW PORT RICHEY FL 34655

Title D
Name KLEY, PATRICIA
Address 6379 CONNIEWOOD SQ
City-State-Zip: NEW PORT RICHEY FL 34653

Title D
Name HARRIS, JESSICA
Address 9112 RIDGE ROAD
40
City-State-Zip: NEW PORT RICHEY FL 34654

Title D
Name DAVIS, JOANIE DR.
Address 10045 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title D
Name MORRELL, CHERYL
Address 10400 FLAGSHIP AVE
City-State-Zip: PORT RICHEY FL 34668

Title VC
Name POSTMA, CHRISTINE
Address 3040 LITTLE ROAD
City-State-Zip: TRINITY FL 34655

Title EXECUTIVE DIRECTOR
Name THOMAS, JEFFREY A
Address 8610 GALEN WILSON BLVD
BLDG B, STE. 100
City-State-Zip: PORT RICHEY FL 34668

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I hereby 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 all other like empowered.

SIGNATURE: JEFFREY A THOMAS**EXECUTIVE DIRECTOR****02/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHMIDT, CHRISTINE
Address	7851 ORCHID LAKE RD.
City-State-Zip:	PORT RICHEY FL 34668