

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002910

Entity Name: TRI-COUNTY ASSOCIATION OF THE DEAF, INC.**Current Principal Place of Business:**2172 BLACKVILLE DRIVE
THE VILLAGES, FL 32162**Current Mailing Address:**8340 SE 178TH FERNBROOK PL
THE VILLAGES, FL 32162 US**FEI Number:** 20-1010193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHWARZ, LOUIS PRES
2172 BLACKVILLE DRIVE
THE VILLAGES, FL 32162 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	P
Name	SCHWARZ, LOUIS
Address	2172 BLACKVILLE DRIVE
City-State-Zip:	THE VILLAGES FL 32162

Title	S
Name	WILSON, JOHN
Address	2416 WILSON WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	BOARD MEMBER
Name	RHODES, CHERYL
Address	500 NORTHFIELD LANE
City-State-Zip:	THE VILLAGES FL 32162

Title	BOARD MEMBER
Name	ZIMMERMAN, BYRON
Address	2103 LAKE RIDGE DRIVE
City-State-Zip:	THE VILLAGES FL 32162

Title	VP
Name	BROWN, BERNARD
Address	589 BRIGHTON DRIVE
City-State-Zip:	THE VILLAGES FL 32162

Title	T
Name	INGRAM, CATHERINE
Address	8340 SE 178TH FERNBROOK PL
City-State-Zip:	THE VILLAGES FL 32162

Title	BOARD MEMBER
Name	WILSON, MARY
Address	2416 WILSON WAY
City-State-Zip:	THE VILLAGES FL 32162

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: LOUIS J. SCHWARZ**PRESIDENT****03/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date