

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002052

Entity Name: COMMUNICATION CENTER FOR THE DEAF AND HARD OF HEARING, INC.**FILED**
Apr 08, 2021
Secretary of State
5858069637CC**Current Principal Place of Business:**3700 COMMERCE BLVD.
2ND FLOOR, STE. 216
KISSIMMEE, FL 34741**Current Mailing Address:**3700 COMMERCE BLVD.
2ND FLOOR, STE. 216
KISSIMMEE, FL 34741 US**FEI Number: 59-3504378****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANGELA, ROTH M
1596 COMPASS COURT
KISSIMMEE, FL 34744 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: ANGELA M. ROTH****04/08/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CARLL, RENEE
Address	3700 COMMERCE BLVD. 2ND FLOOR, STE. 216
City-State-Zip:	KISSIMMEE FL 34741

Title	SECRETARY, TREASURER
Name	VELASQUEZ, TANYA
Address	3700 COMMERCE BLVD. 2ND FLOOR, STE. 216
City-State-Zip:	KISSIMMEE FL 34741

Title	BOARD MEMBER
Name	BERCIK, KARRIE
Address	3700 COMMERCE BLVD. 2ND FLOOR, STE. 216
City-State-Zip:	KISSIMMEE FL 34741

Title	VP
Name	STEINHOFF, BRIAN
Address	3700 COMMERCE BLVD
City-State-Zip:	KISSIMMEE FL 34741

Title	BOARD MEMBER
Name	ROTH, ANGELA
Address	3700 COMMERCE BLVD. 2ND FLOOR, STE. 216
City-State-Zip:	KISSIMMEE FL 34741

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: KARRIE BERCIK**BOARD MEMBER****04/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date