FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768191** **(9)**

1. Corporation Name

INDEPENDENCE FOR THE BLIND, INCORPORATED

Principal Place of Business	Mailing Address
1278 PAUL RUSSELL ROAD TALLAHASSEE FL 32301 US	1278 PAUL RUSSELL ROAD TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: 04/28/1983
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: ~~59-0000045~~ 59 2288754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOCH, HAROLD ARTHUR J
1528 REECE PARK LANE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] Harold Arthur Koch, Jr 3/1/1996
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HEATH, JAMES		1.2 NAME	Elizabeth Bowden	
STREET ADDRESS	1816 DOOMAR DRIVE		1.3 STREET ADDRESS	2234 Belle Vue Way	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl 32304	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BARANIK, PAULETTE		2.2 NAME	Kurt Ponchak	
STREET ADDRESS	2711 CHUMLEIGH CIRCLE		2.3 STREET ADDRESS	452 Richview Park Circle, East	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	~~Tallahassee, Fl 32301~~	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WINTERS, DEBORAH		3.2 NAME	Judy Reazin	
STREET ADDRESS	1441 LIVE OAK DRIVE		3.3 STREET ADDRESS	1242 Redfield Road	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	~~Tallahassee, Fl 32311~~	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MATHIS, LINDA		4.2 NAME	Linda Mathis SD	
STREET ADDRESS	10081 JP;;AMD DROVE		4.3 STREET ADDRESS	1008-1 Holland Drive	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ABBEY, ABBAS M		5.2 NAME	James Bruce Vredenburg	
STREET ADDRESS	147 SALEM COURT		5.3 STREET ADDRESS	1213 Victory Garden Drive	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	ARMINGTON, MYCELL		6.2 NAME	Mycell Armington	
STREET ADDRESS	2750 OLD ST AUGUSTINE RD #V 223		6.3 STREET ADDRESS	2006 Casa Linda Court	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, Fl 32303	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Harold Arthur Koch Jr 3/1/1996 (904)942-3658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TITLE	NAME	STREET ADDRESS	CITY, STATE ZIP
M	KOCH, HAROLD A. "SKIP"	1528 REECE PARK LANE	TALLAHASSEE, FL 32301
D	ARMINGTON, THOMAS	2006 CASA LINDA COURT	TALLAHASSEE, FL 32303
D	BRONSON, KRISTI	5470 TALLAPOOSA ROAD	TALLAHASSEE, FL 32303
D	CARR, KATHLEEN	1819 DORIC DRIVE	TALLAHASSEE, FL 32303
D	CONNORS, HELEN	5611 LUNKER LANE	TALLAHASSEE, FL 32303
D	CORBIN, RUTH	1553 PINE FOREST DRIVE	TALLAHASSEE, FL 32301
D	WALKER, ANNITA	2920 HARWOOD STREET	TALLAHASSEE, FL 32301