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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768191

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1278 CEDAR CENTER DRIVE	26 1278 CEDAR CENTER DRIVE	04/28/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2288754 ☐ Applied For ☐ Not Applicable
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 32301 25 USA	Zip / Country 29 32301 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT PD	☒ Change ☐ Addition
NAME	MATHIS, LINDA		1.2 NAME	PONCHAK, KURT	
STREET ADDRESS	1008-1 HOLLAND DR.		1.3 STREET ADDRESS	1278 CEDAR CENTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE-PRESIDENT VD	☐ Change ☒ Addition
NAME	PONCHAK, KURT		2.2 NAME	JONES, LYNDA	
STREET ADDRESS	452 RICHVIEW PARK CIRCLE, EAST		2.3 STREET ADDRESS	1278 CEDAR CENTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER TD	☐ Change ☒ Addition
NAME	CORBIN, RUTH		3.2 NAME	SMITH, GREGORY	
STREET ADDRESS	1553 PINE FOREST DR.		3.3 STREET ADDRESS	1278 CEDAR CENTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	SD	☒ DELETE	4.1 TITLE	SECRETARY SD	☐ Change ☒ Addition
NAME	WALKER, ANNITA		4.2 NAME	BOUDEN, ELIZABETH	
STREET ADDRESS	2920 HARWOOD ST.		4.3 STREET ADDRESS	1278 CEDAR CENTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRINTON, DARRYL		5.2 NAME		
STREET ADDRESS	2731 BLAIRSTONE RD., APT 88		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARMINGTON, MYCELL		6.2 NAME		
STREET ADDRESS	2006 CASA LINDA COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: HAROLD A. KOCH, JR SIGNATURE REQUIRED HAROLD A. KOCH, JR 1/4/99 (860)9423658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #