"12/00-90003-038-$70.00-$70.00

FILED
Apr 05, 2000 8:00 am
Secretary of State

01-12-2000 90003 038 ****70.00

DOCUMENT # 768191

1. Entity Name

INDEPENDENCE FOR THE BLIND, INCORPORATED

Principal Place of Business	Mailing Address
~~1278 CEDAR CNTR DR~~ 1286 CEDAR CNTR DR TALLAHASSEE FL 32301 US	~~1278 CEDAR CNTR DR~~ 1286 CEDAR CNTR. DR. TALLAHASSEE FL 32301-4676 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1286 CEDAR CENTER DRIVE	1286 CEDAR CENTER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL 32301
Zip: 32301 Country: US	Zip: 32301 Country: US

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOCH, HAROLD ARTHUR J 1528 REECE PARK LANE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ DATE

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PONCHAK, KURT 1278 CEDAR CNTR DR TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, LYNDA 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPVD JONES, LYNDA 1278 CEDAR CNTR DR TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPVD DEHMER, JOHN 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, GREGORY 1278 CEDAR CNTR DR TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, GREGORY 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOLODEN, ELIZABETH 1278 CEDAR CNTR DR TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOLODEN, ELIZABETH 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

12. 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 report or supplemental 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 10 or Block 11 .. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda Jones 01/04/00 (850)942 3658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #