

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768191

FILED
Jan 09, 2008
Secretary of State

Entity Name: FLORIDA INSTITUTE OF REHABILITATION EDUCATION FOR PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND, INCORPORATED

Current Principal Place of Business:

1286 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1286 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2288754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSS, BARBARA L
1286 CEDAR CENTER DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: BP () Delete
Name: SEIDMAN, FRANK
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: BV () Delete
Name: DURDEN, CALVERT
Address: 1286 CEDAR CENTER DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: BS () Delete
Name: PITTS, BEVERLY
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: BD () Delete
Name: SEWELL, EVELYN
Address: 1286 CEDAR CENTER DR
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BP (X) Change () Addition
Name: COSTER, NORRIS
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: BV (X) Change () Addition
Name: SEIDMAN, FRANK
Address: 1286 CEDAR CENTER DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: BS (X) Change () Addition
Name: BREEN, LYNDIA
Address: 1286 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: BT (X) Change () Addition
Name: SEWELL, EVELYN
Address: 1286 CEDAR CENTER DR
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK SEIDMAN

BV

01/09/2008

Electronic Signature of Signing Officer or Director

Date