

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002336

FILED
Jun 02, 2005
Secretary of State

Entity Name: FLORIDA FAMILIES OF CHILDREN WITH VISUAL IMPAIRMENTS, INC.

Current Principal Place of Business:

15917 BRIDGEWATER LANE
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730265
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 59-3644430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDSTEIN, TERRI E
15917 BRIDGEWATER LANE
TAMPA, FL 33624 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: D () Delete
Name: SUCRE, DANIELA
Address: GREENBANK DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VPD () Delete
Name: JOHANSEN, LESLIE MRS.
Address: 10720 EUREKA STREET
City-St-Zip: BOCA RATON, FL 33428 US

Title: TRD () Delete
Name: GOLDSTEIN, TERRI E MRS.
Address: 15917 BRIDGEWATER LANE
City-St-Zip: TAMPA, FL 33624 US

Title: P/D () Delete
Name: TOWNSEND, SUZANNE MRS.
Address: 321 OAK FERN CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD () Delete
Name: BRAY, SHERYL
Address: NOT DISCLOSED
City-St-Zip: ST. AUGUSTINE, FL 00000

Title: D () Delete
Name: DAVIS, SHERI MRS.
Address: 19118 WINDDANCER STREET
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYNIUK, IRENE MRS.
Address: 3372 KINGS RD SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: D (X) Change () Addition
Name: GARRUTTI, DAWN MRS.
Address: 1085 MONTEGO BAY DRIVE N
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: SD (X) Change () Addition
Name: BRAY, SHERYL
Address: 1311 PRINCE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: PD (X) Change () Addition
Name: DAVIS, SHERI MRS.
Address: 19118 WINDDANCER STREET
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERI DAVIS

Electronic Signature of Signing Officer or Director

PRES

06/02/2005

Date