

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002336

FILED  
Aug 06, 2006  
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:**

321 OAK FERN CIRCLE  
ORMOND BEACH, FL 32174 US

**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 ( )  
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:**

TOWNSEND, SUZANNE F  
321 OAK FERN CIRCLE  
ORMOND BEACH, FL 32174 US

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: SUZANNE TOWNSEND

08/06/2006

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: DAVIS, STEWART MR.  
Address: 19118 WIND DANCER ST.  
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 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: SUZANNE TOWNSEND

DIR.

08/06/2006

Electronic Signature of Signing Officer or Director

Date