2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002336

FILED Sep 05, 2007 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
	FERN CIRCLE BEACH, FL 32174 US	
Current M	lailing Address:	New Mailing Address:
P.O. BOX ORMOND	730265 BEACH, FL 32173 US	
n accordan	: 59-3644430 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired (X) t receive the prior notice. Name and Address of New Registered Agent:
TOWNSEI 321 OAK F ORMOND	ND, SUZANNE F FERN CIRCLE BEACH, FL 32174 US	surpose of changing its registered office or registered agent, or both,
	e of Florida.	arpood of changing he regions of a control of regions of agent, of both,
SIGNATUF		- But
	Electronic Signature of Registered Age	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address:	D () Delete TOWNSEND, SUZANNE MRS. 321 OAK FERN CIRCLE	Title: () Change () Addition Name: Address:
City-St-Zip:	ORMOND BEACH, FL 32174 US	City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip:	ORMOND BEACH, FL 32174 US VPD () Delete JOHANSEN, LESLIE MRS. 10720 EUREKA STREET BOCA RATON, FL 33428 US	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD () Delete JOHANSEN, LESLIE MRS. 10720 EUREKA STREET	City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address:	VPD () Delete JOHANSEN, LESLIE MRS. 10720 EUREKA STREET BOCA RATON, FL 33428 US PD () Delete DAVIS, SHERI MRS. 19118 WIND DANCER ST.	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	VPD () Delete JOHANSEN, LESLIE MRS. 10720 EUREKA STREET BOCA RATON, FL 33428 US PD () Delete DAVIS, SHERI MRS. 19118 WIND DANCER ST. LUTZ, FL 33558 US D () Delete GARRUTTI, DAWN MRS. 1085 MONTEGO BAY DRIVE N	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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: SUZANNE TOWNSEND DIR. 09/05/2007