

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004428

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC5772258148**

**Entity Name:** BEYOND BLIND INSTITUTE, INC.

**Current Principal Place of Business:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 27-2620847

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUGEL, JOYCE A  
4440 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410 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:** JOYCE GUGEL

01/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            GUGEL, JOYCE  
Address        4440 PGA BLVD, STE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            CHAIRMAN  
Name            FOLEY, WILLIAM  
Address        ONE CHENEY WAY  
City-State-Zip: RIVIERA BEACH FL 33404

Title            VC  
Name            CHIMES, MICHAEL  
Address        4221 ROYAL OAK DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER  
Name            GOLDBERG, VICKI  
Address        13782 VIA FLORA DR.  
City-State-Zip: DEL RAY BEACH FL 33484

Title            OFFICER  
Name            PETERS, DR. MELISA  
Address        1025 MILITARY TR.  
City-State-Zip: WEST PALM BEACH FL 33458

Title            OFFICER  
Name            SNYDER, CHRIS  
Address        410 EVERNIA ST  
                  APT 303  
City-State-Zip: WEST PALM BEACH FL 33401

Title            ASST. SECRETARY  
Name            PORTER, WILLIAM SR.  
Address        3238 32ND COURT  
City-State-Zip: JUPITER FL 33458

Title            OTHER CPA  
Name            DISALVO, PATRICK  
Address        1760 NORTH JOG RD  
                  UNIT 50  
City-State-Zip: WEST PALM BEACH FL 33411

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOYCE GUGEL

CEO

01/15/2017

Electronic Signature of Signing Officer/Director Detail

Date