

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34755

**Entity Name:** AMERICAN FOUNDATION FOR THE BLIND, INC.**Current Principal Place of Business:**1401 SOUTH CLARK ST  
SUITE 730  
ARLINGTON, VA 22202**Current Mailing Address:**1401 SOUTH CLARK ST  
SUITE 730  
ARLINGTON, VA 22202 US**FEI Number:** 13-5562161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. SUITE A  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LEADER, PAT  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title CEO  
Name ADAMS, KIRK  
Address 1401 SOUTH CLARK ST  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TREASURER  
Name FRANCAVILLA, TED  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title ASST. TREASURER  
Name CARVACHE, PATSEY  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name ADAMS, BEN  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name MIGUEL, CHRISTOPHER  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name WLODKOWSKI, THOMAS  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name WEIDLE, SUSAN  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

**Continues on page 2**

*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:** KIRK ADAMS

PRESIDENT

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BARCELO, ELCIO  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title CHEIF CONSULTING-SOLUTIONS OFFICER  
Name BROYLES, CRISTOPHER  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title CHIEF PUBLIC AND POLICY RESEARCH  
Name ENYART, STEPHANIE  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name FREDERICK, KATIE  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name LAVIGNE, MEG  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title ASSISTANT SECRETARY  
Name SHIFLET, SONYA  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title VP  
Name DENNIS, DEBBIE  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name CAMPBELL, CONNIE  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name FAZZI, DIANE  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title TRUSTEE  
Name HERRLINGER, SARAH  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202

Title ACCOUNTING MANAGER  
Name MEADOWS, TIMOTHY  
Address 1401 SOUTH CLARK STREET  
STE 730  
City-State-Zip: ARLINGTON VA 22202