

2020 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 TREASURER
Name FRANCAVILLA, TED
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 WLODKOWSKI, THOMAS
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 ASST. TREASURER
Name CARVACHE, PATSEY
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 BARCELO, ELCIO
Address 1401 SOUTH CLARK STREET
STE 730
City-State-Zip: ARLINGTON VA 22202

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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

CEO

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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