2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709841

FILED Feb 13, 2009 Secretary of State

Entity Name: TAMPA LIGHTHOUSE FOR THE BLIND, INC.

Current Principal Place of Business: New Principal Place of Business:

1106 W PLATT ST TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

1106 W PLATT ST TAMPA, FL 33606

FEI Number: 59-0637876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OLSTROM, CLIFF E 1106 W PLATT ST TAMPA, FL 33606 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DUNKINS, PHIL BROWN, DEBORAH Name: Name:

100 N. TAMPA ST., SUITE 2185 Address: 1401 61ST STE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: GULFPORT, FL 33707

Title: () Delete Title: (X) Change () Addition BROWN, DEBBIE Name: HALL, JOHN Name:

Address: 1401 61ST STE S Address: 1154 LOOP ROAD City-St-Zip: GULFPORT, FL 33707 City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: (X) Change () Addition

MORRIS, PATTI MCNULTY, BRIAN Name: Name: Address: 57 FRESHWATER DR. Address: 3970 14TH LANE NE

City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: ST. PETERSBURG, FL 33703

Title: SD () Delete Title: (X) Change () Addition

Name: DONALD, MARK Name: BOZEMAN, NICKOLE 1204 ROBINSWOOD CT. N. 84 DAVIS BLVD. #209 Address: Address:

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: TAMPA, FL 33606

Title: () Delete Title: () Change (X) Addition

CHAFFIN, JANA Name: Name: 3305 HARBOR VIEW Address: Address: TAMPA, FL 33611 City-St-Zip: 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: C.E. OLSTROM CEO 02/13/2009