

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712735

FILED
Jan 20, 2004
Secretary of State

Entity Name: WATSON CENTER FOR THE BLIND AND VISUALLY IMPAIRED, INC.

Current Principal Place of Business:

6925 112 CIR N
S103
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

6925 112 CIR N
S103
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 23-7042938 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARNO, MARK DR
8675 LONGWOOD DR
LARGO, FL 33777

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: LAMB, MICHAEL
Address: 2240 BELLEAIR RD STE-145
City-St-Zip: CLEARWATER, FL 33764

Title: 1VCT () Delete
Name: SARNO, MARK DR.
Address: 8657 LONGWOOD DRIVE
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: COMSTOCK, CHRISTOPHER
Address: 1951 MICHIGAN AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: NORDLINGER STERN, DUKE DR
Address: 385 BAYVIEW DR NE
City-St-Zip: ST PETERSBERG, FL

Title: COB () Delete
Name: AMES, STACY
Address: 100 SECOND AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: 2VCD () Delete
Name: HENTER, ED
Address: 8335 37TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: NEILSON, JAMIE
Address: 905 BARBER DRIVE
City-St-Zip: CLEARWATER, FL 33764 US

Title: COB (X) Change () Addition
Name: SARNO, MARK DR.
Address: 8657 LONGWOOD DRIVE
City-St-Zip: LARGO, FL 33777 US

Title: 1VC (X) Change () Addition
Name: FOLLO, TAMMY
Address: 2874 WESCOTT DRIVE
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Change () Addition
Name: JOHNSTON, MARIA
Address: 3337 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: D (X) Change () Addition
Name: AMES, STACY
Address: 100 SECOND AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: 2VCD (X) Change () Addition
Name: HENTER, ED
Address: 8335 37TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK J. SARNO

Electronic Signature of Signing Officer or Director

COB

01/20/2004

Date