

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714358

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR THE SCHOOLS FOR THE DEAF AND THE BLIND OF FLORIDA, INC.

**Current Principal Place of Business:**

207 N SAN MARCO AVENUE  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

207 N SAN MARCO AVENUE  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 23-7182169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, DAVID  
308 EBB TIDE CT  
PONTE VEDRA BEACH, FL 32082 US

**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: PD  
Name: GREEN, HENRY F  
Address: 24 N ST AUGUSTINE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD  
Name: SMITH, DAVID  
Address: 308 EBB TIDE CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD  
Name: WHITE, HENRY  
Address: 848 WHITE EAGLE CIR  
City-St-Zip: ST AUGUSTINE, FL

Title: SD  
Name: DILLON, MARY JANE  
Address: 902 REDBUD TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D  
Name: HUTTO, DANIEL L  
Address: 845 CRESTWOOD DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D  
Name: BAILEY, JOHN  
Address: 31 CORDOVA ST.  
City-St-Zip: ST. AUGUSTINE, FL

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: DAVID SMITH

TD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date