2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 714358

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: 27 MILTON ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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 TREA 02/15/2011

Electronic Signature of Signing Officer or Director Date