


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90087 021 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 728496</b><br>1. Entity Name<br><b>NATIONAL FEDERATION OF THE BLIND OF FLORIDA, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>12113 ASHTON MANOR WAY<br/>SUITE 101<br/>ORLANDO, FL 32828-7023 US</b>   |  |   | Mailing Address<br><b>12113 ASHTON MANOR WAY, SUITE 101<br/>SUITE 101<br/>ORLANDO, FL 32828-7023 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4123 Henderson</b>  |  | 3. Mailing Address<br><b>Sane</b>   |  |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |  |   |  |
| City & State<br><b>Tampa FL</b>  |  | City & State<br>  |  |   |  |
| Zip<br><b>33629</b>  |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>59-3006407</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>HARTIG, THOMAS H Deceased<br/>12113 ASHTON MANOR WAY, SUITE 101<br/>SUITE 1011<br/>ORLANDO, FL 32828-7023</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Gloria J Mills</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4123 Henderson Blvd</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33629</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Gloria J Mills</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>DAVIS, KATHY <input type="checkbox"/> Delete<br>121 DEER LAKE CIRCLE<br>ORMOND BEACH, FL 32174           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1VPD<br>SAYER, DWIGHT <input type="checkbox"/> Delete<br>259 REGAL DOWNS CIRCLE<br>WINTER GARDEN, FL 34787     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VPD<br>HICKS, DAN <input type="checkbox"/> Delete<br>504 SOUTH ARMENIA AVE, # 1319-B<br>TAMPA, FL 33609       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>HARTIG, THOMAS <input type="checkbox"/> Delete<br>12113 ASHTON MANOR WAY, SUITE 101<br>ORLANDO, FL 32828 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SC<br>SCHOCH, MERRY <input type="checkbox"/> Delete<br>712 RIVER POINT DR<br>TAMPA, FL 33619                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR <b>Gloria J Mills</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4123 Henderson Blvd</b><br><b>Tampa FL 33629</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |   |  |
| SIGNATURE: <u><i>Gloria J Mills</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <b>4/30/07</b> <b>813 281-2123</b><br><small>Daytime Phone #</small>  |   |  |

Document altered in order to be in compliance.