2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 728496

1. Entity Name
NATIONAL FEDERATION OF THE BLIND OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4123 HENDERSON BLVD TAMPA, FL 33629 US	4123 HENDERSON BLVD TAMPA, FL 33629 US

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04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3006407
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, GLORIA J
4123 HENDERSON BLVD
TAMPA, FL 33629

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, KATHY
STREET ADDRESS	121 DEER LAKE CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	1VPD
NAME	SAYER, DWIGHT
STREET ADDRESS	259 REGAL DOWNS CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	2VPD
NAME	HICKS, DAN
STREET ADDRESS	504 SOUTH ARMENIA AVE, # 1319-B
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	TR
NAME	MILLS, GLORIA J
STREET ADDRESS	4123 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80057-024 61.25

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12. I hereby certify that the information supplied with this filing does not quality 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: Gloria Mills 4/29/08 8132h-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #