2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 728496

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

Current Principal Place of Business:

4123 HENDERSON BLVD
TAMPA, FL 33629 US

New Principal Place of Business:

3708 W BAY TO BAY BLVD
TAMPA, FL 33629 US

Current Mailing Address:

4123 HENDERSON BLVD
TAMPA, FL 33629 US

New Mailing Address:

3708 W BAY TO BAY BLVD
TAMPA, FL 33629 US

FEI Number: 59-3006407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, GLORIA J
4123 HENDERSON BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MILLS, GLORIA J
3708 W BAY TO BAY BLVD
TAMPA, FL 33629 US

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: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, KATHY
Address: 121 DEER LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: 1VPD ( ) Delete
Name: SAYER, DWIGHT
Address: 259 REGAL DOWNS CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: 2VPD ( ) Delete
Name: HICKS, DAN
Address: 504 SOUTH ARMENIA AVE, # 1319-B
City-St-Zip: TAMPA, FL 33609 US

Title: TR ( ) Delete
Name: MILLS, GLORIA J
Address: 4123 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: MILLS, GLORIA J
Address: 3708 W BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GLORIA MILLS TR 04/27/2009
Electronic Signature of Signing Officer or Director — Date