

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 033 \*\*\*\*61.25

**DOCUMENT # 733166**

1. Entity Name

INSIGHT FOR THE BLIND, INC.



Principal Place of Business

1401 NE 4TH AVE  
FT LAUDERDALE FL 33304

Mailing Address

1401 NE 4TH AVE  
FT LAUDERDALE FL 33304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1626795

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASADU, CHESTER J., JR.  
2630 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
MANSUR, CAROLINE E  
3110 NE 27TH STREET  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BISHOP, VIRGINIA H  
928 ISLAND CLUB SQUARE  
VERO BEACH FL 32963 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RICHARDSON, GEORGE JR.  
1525 SE 12TH CT  
FORT LAUDERDALE FL 33316 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRAINGER, REBECCA  
263 DUPONT COURT  
AUBURNDAL FL 33823 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERMAN, NEIL  
2898 NW 27 AVENUE  
BOCA RATON FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERMAN, NEIL  
2898 NW 27 AVENUE  
BOCA RATON FL 33434 ☒ Delete  
'Duplication

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Campbell, Diane  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DePalma, M.E.  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Gleason, Marilyn  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Peggs, Nancy M.  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Peggs, J. David  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Premock, Mary Kathleen  
1401 N.E. 4th Avenue  
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*G. Edwin Hamilton*

(G. Edwin Hamilton)

4/3/06 954-522-5057