



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 733166 1. Entity Name INSIGHT FOR THE BLIND, INC.	
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Principal Place of Business 1401 NE 4TH AVE FT LAUDERDALE, FL 33304	Mailing Address 1401 NE 4TH AVE FT LAUDERDALE, FL 33304
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1626795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 NAME STREET ADDRESS CITY-ST-ZIP	ED MANSUR, CAROLINE E 3110 NE 27TH STREET FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, VIRGINIA H 928 ISLAND CLUB SQUARE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, GEORGE JR. 1525 SE 12TH CT FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAINGER, REBECCA 263 DUPONT COURT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, NEIL 2898 NW 27 AVENUE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREMOCK, MARY KATHLEEN 1401 N.E. 4TH AVE FORT LAUDERDALE, FL 33304

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 01/15/08-80011-001 61.25

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: G. Edwin Hamilton / G. EDWIN HAMILTON 1/9/08 (954) 522-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #