2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 749558

Entity Name: THE FLORIDA COUNCIL OF THE BLIND, INC.

Current Principal Place of Business:

6933 ALPERT DR
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

C/O ANDREW CSANADY CPA
151 107TH AVE #10
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-2023586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CSANADY, ANDREW J
151 107TH AVE #10
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	LAND, PATTI	
Address:	6933 ALPERT DR.	
City-St-Zip:	ORLANDO, FL 32810	
Title:	P	( ) Delete
Name:	GRUBB, DEBBIE	
Address:	4215 17TH AVE W	
City-St-Zip:	BRADENTON, FL 34205	
Title:	VP	( ) Delete
Name:	MILLER, ROBERT	
Address:	2201 LIMERICK DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	S	( ) Delete
Name:	YOUNGS, SHARON	
Address:	237 MAPLE AVENUE	
City-St-Zip:	PALM HARBOR, FL	
Title:	VP	( ) Delete
Name:	RICHARDS, JOHN	
Address:	939 NE 18TH ST	
City-St-Zip:	OCALA, FL 34470	

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

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: PATTI LAND T 01/14/2009
Electronic Signature of Signing Officer or Director — Date