

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749558

FILED
Feb 19, 2011
Secretary of State

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

Current Principal Place of Business:

9425 BLIND PASS RD
1007
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O ANDREW CSANADY CPA
PO BOX 67213
ST PETE BEACH, FL 33736

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
9425 BLIND PASS RD #1007
ST PETE BEACH, 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
Name: JACOBSON, LINDA
Address: 2915 CIRCLE RIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: P
Name: EDWARDS, PAUL
Address: 20330 NE 20TH CT
City-St-Zip: MIAMI, FL 33179

Title: VP
Name: DRYLIE, DEBBIE
Address: 1544 WALNUT CREEK DR
City-St-Zip: FLEMMING ISLAND, FL 32003

Title: VP
Name: YOUNGS, SHARON
Address: 237 MAPLE AVENUE
City-St-Zip: PALM HARBOR, FL

Title: S
Name: MILLER, SILA
Address: 2201 LMERICK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: AT
Name: CSANADY, ANDREW
Address: 9425 BLIND PASS RD #1007
City-St-Zip: ST PETE BEACH, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: ANDREW CSANADY

AT

02/19/2011

Electronic Signature of Signing Officer or Director

Date