2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 821124 1. Entity Name THE GOSPEL ASSOCIATION FOR THE BLIND, INC.				Aug 29, 2007 08:00 A Secretary of State		
	12 / 1000 0 / 10 / 10 / 11	5,				
Principal Place of Business		Mailing Address				
7850 S US HWY 1 BUNNELL FL 32110 US		P.O. BOX 1162 BUNNELL FL 32110 US				
2. Principal Place of Business - No P.O Box #		3. Mailing Address		1 195(c) 1910 (1901 1199) Ilisis 11911 Sid. Bibli Bibli arch 21511 cren 2151	11(8) 8) 1889	
Suite, Apt. #, etc		Suite. Apt. #, etc.		2nd MOORE CR2E037 (4/07)		
City & State		City & State		14 2022070	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
785	NTANUS, GEORGE 0 S US HWY 1 INELL FL 32110		Street Address City	Street Address (P.O. Box Number is Not Acceptable)		
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed ruline of registered agent and tills if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Due By September 5, 2007 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State						
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS	D RATHBURN, ROBERT REV 37 HAMPSHIRE ST	☐ Delete	TITLE NAME STREET ADDRESS	□ Change U00000772958 08/29/07-80001-022 61.25	☐ Addition ☐	
CITY-ST-ZIP	LOWELL MA 01850		CITY-ST-ZIP	00\Z3\Q\=00001_055		
NAME	ST MONTANUS, HOLLY	☐ Delete	THLE NAME	Change	Addition	
	7850 S US HWY 1 BUNNELL FL 32110		STREET ADDRESS CITY-ST-ZIP			
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	D BELANGER, DR. ROSS 55 TOWN LINE ROAD WETHERSFIELD CT 06109	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERKAIK, PETER P.O. BOX 273 N/A POTTERSVILLE NY	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D VERKAIK, BETTE P.O. BOX 273 N/A POTTERSVILLE NY	☐ Delete	TIPLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition	
CITY-ST-ZIP	P MONTANUS, GEORGE 7850 S US HWY 1 BUNNELL FL 32110	□ Delete	IITLE NAMC STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
 I hereby indicated of the corchanged. 	certify that the information supplied wit ton this report or supplemental report is reporation or the receiver or trustee emp , or on an attachment with an address y	h this filing does not qualify for true and accurate and that m by o do to execute this report with all other like empowered.	or the exemptions contain by signature shall have the as required by Chapter 6	ned in Chapter 119, Florida Statutes. I further certify that the se same legal effect as if made under oath; that I am an officer \$17, Florida Statutes, and that my name appears in Block 10 or	information or director Block 11 if	

386-586-5885