

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853259

FILED
Mar 26, 2008
Secretary of State

Entity Name: THE FOUNDATION FIGHTING BLINDNESS, INC.

Current Principal Place of Business:

11435 CRONHILL DRIVE
OWINGS MILLS, MD 211172220 US

New Principal Place of Business:

Current Mailing Address:

11435 CRONHILL DRIVE
OWINGS MILLS, MD 211172220 US

New Mailing Address:

FEI Number: 23-7135845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATLOS, WILLIAM J
710 MIAMI SPRINGS DRIVE
LONGWOOD, FL 32779 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: CD () Delete
Name: GUND, GORDON
Address: 11435 CRONHILL DRIVE
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: VCD () Delete
Name: SHAW, JEREMIAH H
Address: 11435 CRONHILL DRIVE
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: ATD () Delete
Name: SAWYER, BRUCE P
Address: 11435 CRONHILL DRIVE
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: SD () Delete
Name: CHESTER, YVONNE
Address: 11435 CRONHILL DRIVE
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: TD () Delete
Name: CHATLOS, WILLIAM J
Address: 710 MIAMI SPRINGS DRIVE
City-St-Zip: LONGWOOD, FL 327915018 US

Title: SVPD () Delete
Name: JOEL, DAVIS P
Address: 11435 CRONHILL DRIVE
City-St-Zip: OWINGS MILLS, MD 21117 US

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
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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: ANNETTE M. HINKLE

CFO

03/26/2008

Electronic Signature of Signing Officer or Director

Date